

EXHIBIT 10

Wachovia Securities
Five Greentree Plaza Suite 400
Marlton, NJ 08053

May 24, 2006

Attn: Stan Hadam
Office Manager

Stan,

The following is my initial appeal to Wachovia/Liberty to reinstate my benefits , and reconsider the method of calculating benefits for commissioned brokers.

The purpose of this letter is to:

1. **APPEAL** your decision to terminate my benefits.
2. **REQUEST** a reconsideration of the calculation of BEC for commissioned sales associates

Who am I:

Robert S. Conrad, Sr. age 51 I am married to
Donna L. Conrad I have four children, three living with us at
44 Longwood Drive
Sicklerville, NJ 08081 There names are

Robert, Jr. age 17
Lisa Ann age 15
David age 10

Below are income figures taken from my December pay stubs for the years 1998 thru May 2006. This should help you to see what a healthy Bob can achieve, and how from the initial start of my disability that my income and benefits were affected.

| Table 1 | 1998 | 1999 | 2000 | 2001 | 2002 |
|------------------|-----------|-----------|-----------|-----------|-----------|
| Regular Earnings | 46500.24 | 72000.00 | 72000.00 | 72000.00 | |
| Commissions | 195970.67 | 184780.03 | 261229.10 | 181939.41 | 135159.72 |
| Deferred Comp | | 29761.29 | 55474.46 | 7507.25 | |
| Total | 242470.91 | 286541.32 | 388703.56 | 261446.66 | 135159.72 |

| Table 2 | 2003 thru August | August 03 thru Dec.03 | Total |
|-------------|-------------------|-----------------------|-----------|
| Commissions | 99421.22 | 17193.97 | 116615.19 |
| | 2004 thru July 04 | August 04 thru Dec.04 | Total |
| Commissions | 65766.75 | 1972.00 | |
| Sick Pay | | 26396.13 | 94134.88 |

| Table 3 | 2005 | 2006 |
|------------------|----------|----------|
| Regular Earnings | 2748.59 | 8245.80 |
| Commissions | 11088.94 | 17164.26 |
| Sick Time | 6701.96 | |

The above tables illustrate for you the net commission earnings for the periods. The Gross commission levels which can be obtained from your records are at least 105% over those stated above. This is the total income generated to the firm from my assets. It is important because my assets or otherwise book of business generates an amount of income entirely on its own. These are called residual earnings or trail , service and sometimes fee based compensation.

Also, I hope you realize that I was maxed out on my benefits due to my production results. I had the maximum amount of life insurance I could get, without getting a physical, I had disability benefits that as I calculated would meet my families needs if I was disabled for any length of time. I had turned down extra disability insurance because I knew we could get by with the company provided coverage.

If you examine my income during the period of Sept 2003 thru Aug 2004 you will notice a drop. I have documentation that this is the period of time when I first received doctors care ,(Sept. 15,2003).

In Dec 2003, I filed my initial claim with Liberty for STD benefits, I received a call at the office and was told I would not likely be approved for a STD claim.

FIRST POINT

I should not have had my claim evaluated over the phone by Tosha Darby from Liberty and she should have instructed me to proceed with the paperwork.

I should have pursued my claim but I was not advised by anyone about the plan and how it worked. Later as my conditioned worsened and my sales declined I found out that my benefits which I had been so sure would provide for me and my family if I needed them were being reduced.

It was in the end of July 2004 that I submitted my STD claim. I was notified of approval in Sept.2004 and immediately had questions about the amount and calculation of the benefit. I contacted several people explaining my problem with the BES calculation to no avail.

Later in 2004 I received notice that my employee life coverage had been reduced due to my reduced production, this infuriated me , I had never heard of such a thing as a disabled person's benefits being reduced during his/her illness. **Initial Life amount 1995 thru 2004 over 300,000.00, please check the records. Life insurance after disability \$ 190,000+/- I can't check HR now and Now \$ 0.**

My questions persisted thru 2004 and my written appeals began in December thru April 2005. I wrote to the Benefits Committee , Angel Thomas responded by phone the first week of January 2005 and said " I will hear from her soon".

It was in May 05 on a conference call that I was informed that if I sold my book I would no longer be considered an employee and therefore would lose my life insurance, health insurance and any other Wachovia Benefits. The decision was made that I could not let this happen, so I was going to tough it out and try to get back to work somehow. My appeal was later denied in June 2005 because I did not use the correct procedure.

SECOND POINT

If I had been instructed to send the appeal to Liberty instead of the Benefits Committee, perhaps they would have recognized the flaws in the calculation of my BEC. The benefit check would be higher and we would not have exceeded the higher amount.

In November 2005 I received clearance from my doctors to return to work on a partial schedule, Stan Hadam worked with me and we discussed my concerns about my benefits and other office related issues and as a result I have been coming to the office since Nov. 2005.

I did not expect to be paid for putting time in the office but Stan told me it was mandatory by the State of NJ.

THIRD POINT

I believe this is were one of the problems are which caused me to lose my benefits. If I had not been receiving this regular earnings I would have been receiving a disability check in addition to my commission check with the exception of April when I exceeded the miscalculate BEC amount.

Enclosed

1. Copies of my pay stubs from December 15, 2005 thru May 15, 2006.

A. You will notice that the commission when taken alone exceeded the Long Term benefit amount on one occasion, April 15, 2006. It is only when you include the reduced hours partial earnings of \$ 1,832.40 that you exceed 80% of the pre-disability earnings level you are using \$ 5,327.66.

B. I believe that by adding the reduced hours partial pay you are in effect causing me to lose my long term benefits, including Life, Health, Dental, Vision, and Disability insurance.

C. When you consider the amount of assets I have under management and the commissions generated from residuals it is clear to see that the figures that you are using are extremely understated.

Wachovia Corporation has benefited from my disability :

1. My assets have generated gross commission of
 - a. 2004 August thru December
 - b. 2005 January thru December \$ 135,914.06
 - c. 2006 January thru May \$ 77,525.00

All the while I received disability of

1. Disability of:
 - a. 2004 \$26,396.13 residual earnings total
 - b. 2005 \$36,643.03 residual earnings \$13,837.53 = \$50,480.56
 - c. 2006 \$11,665.84 residual earnings \$17,164.26+ regular earnings \$7,329.60 = \$37,075.90.

I am receiving approximately 10% of the earnings generated by my book of business which took me 23 years to build.

2. Copy of Liberty letter from January 2004.

3. Copy of first appeal letter to Benefits Committee.

4. Copy of denial letter dated June 23, 2005

5. Copy pay stubs as referenced above Table 1, 2, 3.

6. Copy of Paragraph 3 Page 80 Wachovia 2005 Benefits Summary Plan Description

Additional documentation is available at your request.

I have not received a disability check since Feb. 2006.

Regards,

Robert S. Conrad, Sr.

EXHIBIT 11

Liberty Life Assurance
PO Box 242484
Charlotte, NC 28224-2484

June 01, 2006

Attn: Kate Schultz **LTD Claim Appeals**
Claim # 2021495

Kate,

The following is my initial appeal to Wachovia/Liberty to reinstate my benefits , and reconsider the method of calculating benefits for commissioned brokers.

The purpose of this letter is to:

1. **APPEAL** your decision to terminate my benefits.
2. **REQUEST** a reconsideration of the calculation of BEC for commissioned sales associates

Who am I:

Robert S. Conrad, Sr. age 51 I am married to
Donna L. Conrad I have four children, three living with us at
44 Longwood Drive
Sicklerville, NJ 08081 There names are

Robert, Jr. age 17
Lisa Ann age 15
David age 10

Below are income figures taken from my December pay stubs for the years 1998 thru May 2006. This should help you to see what a healthy Bob can achieve, and how from the initial start of my disability that my income and benefits were affected.

| Table 1 | 1998 | 1999 | 2000 | 2001 | 2002 |
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The above tables illustrate for you the net commission earnings for the periods. The Gross commission levels which can be obtained from your records are at least 105% over those stated above. This is the total income generated to the firm from my assets. It is important because my assets or otherwise book of business generates an amount of income entirely on its own. These are called residual earnings or trail , service and sometimes fee based compensation.

Also, I hope you realize that I was maxed out on my benefits due to my production results. I had the maximum amount of life insurance I could get, without getting a physical, I had disability benefits that as I calculated would meet my families needs if I was disabled for any length of time. I had turned down extra disability insurance because I knew we could get by with the company provided coverage.

If you examine my income during the period of Sept 2003 thru Aug 2004 you will notice a drop. I have documentation that this is the period of time when I first received doctors care ,(Sept. 15,2003).

In Dec 2003, I filed my initial claim with Liberty for STD benefits, I received a call at the office and was told I would not likely be approved for a STD claim.

FIRST POINT

I should have been informed by management how Wachovia benefits would be affected if I had a reduction in commission while trying to service my clients. If this had occurred when I first commented to them that I was ill circumstances would be different.

There was NO advice or consultation from anyone, even after I was admitted to the Hospital in November 2003.

I had further test in December 2003 and my income was so low I had to exercise a look back provision in order to get a check. Still no consultation.

SECOND POINT

I should not have had my claim evaluated over the phone by Tosha Darby from Liberty and she should have instructed me to proceed with the paperwork.

Later as my conditioned worsened and my sales declined I found out that my benefits which I had been so sure would provide for me and my family if I needed them were being reduced.

THIRD POINT

When I was diagnosed with my primary illness in March 2004, I shared the diagnosis with management. My symptoms were made jokes of and at first I went along thinking I was going to beat this illness. But, later in July when it was suggested that Marshall had ordered a coach for my office where I could nap if necessary, it was the last straw.

It was in the end of July 2004 that I submitted my STD claim. I was notified of approval in Sept.2004 and immediately had questions about the amount and calculation of the benefit. I contacted several people explaining my problem with the BES calculation to no avail.

Later in 2004 I received notice that my employee life coverage had been reduced due to my reduced production, this infuriated me , I had never heard of such a thing as a disabled person's benefits being reduced during his/her illness. **Initial Life amount 1995 thru 2002 over 300,000.00, please check the records. Life insurance 2003 \$489,555.66 / 2004 337,028.00 / 2005 \$ 191,805.58 +/- and Now \$ 0.**

My questions persisted thru 2004 and my written appeals began in December thru April 2005. I wrote to the Benefits Committee , Angel Thomas responded by phone the first week of January 2005 and said " I will hear from her soon". I received the hard copy of the Summary of Benefits Manual shortly after they received my written appeal.

In February 2005, I was put on Long Term Disability. At that time I was waiting for the results of my appeal from the Benefits Committee. In reviewing the Benefits manual it stated that I should exhaust all my company options before seeking legal advice. There was an adjustment which lowered my monthly benefit to the amount I would receive from Social Security if I was approved for SDI. The manual stated that Wachovia would reduce their benefit by amounts received from other sources which included SS. I interpret this to mean that if approved for SS Wachovia would likely reduce their benefit payment to \$ 100.00 the minimum. I nevertheless submitted a claim for SS knowing that Wachovia was going to be the likely beneficiary of a positive decision.

It was in May 05 on a conference call that I was informed that if I sold my book I would no longer be considered an employee and therefore would lose my life insurance, health insurance and any other Wachovia Benefits. The decision was made that I could not let this happen, so I was going to tough it out and try to get back to work somehow. My appeal was later denied in June 2005 because I did not use the correct procedure.

SECOND POINT

If I had been instructed to send the appeal to Liberty instead of the Benefits Committee, perhaps they would have recognized the flaws in the calculation of my BEC. The benefit check would be higher and we would not have exceeded the higher amount.

In November 2005 I received clearance from my doctors to return to work on a partial schedule, Stan Hadam worked with me and we discussed my concerns about my benefits and other office related issues and as a result I have been coming to the office since Nov. 2005.

I did not expect to be paid for putting time in the office but Stan told me it was mandatory by the State of NJ.

THIRD POINT

I believe this is were one of the problems are which caused me to lose my benefits. If I had not been receiving this regular earnings I would have been receiving a disability check in addition to my commission check with the exception of April when I exceeded the miscalculate BEC amount.

Enclosed

1. Copies of my pay stubs from December 15, 2005 thru May 15, 2006.

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\$ 1,832.40 that you exceed 80% of the pre-disability earnings level you are using \$ 5,327.66.

B. I believe that by adding the reduced hours partial pay you are in effect causing me to lose my long term benefits, including Life, Health, Dental, Vision, and Disability insurance.

C. When you consider the amount of assets I have under management and the commissions generated from residuals it is clear to see that the figures that you are using are extremely understated.

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3. Copy of first appeal letter to Benefits Committee.

4. Copy of denial letter dated June 23, 2005

5. Copy pay stubs as referenced above Table 1, 2, 3.

6. Copy of Paragraph 3 Page 80 Wachovia 2005 Benefits Summary Plan Description

Additional documentation is available at your request.

I have not received a disability check since Feb. 2006.

Regards,

Robert S. Conrad, Sr.

EXHIBIT 12

Liberty Life Assurance Company of Boston
Disability Claims
PO Box 242484
Charlotte, NC 28224-2484

June 21, 2006

Attn: Claims Appeal
Claim#: 2021495

Gentleman,

The purpose of this letter is to:

- Appeal your determination to cancel my benefits with Wachovia Corporation.
- Appeal the amount of my disability income amount.

I don't believe you should have terminated my Life, Health, Dental, Eyeglass and disability coverage. I am on a return to work program and was informed in May 2005 that my benefits would not be affected by my attempt to return to work.

In regards to the second point, It is apparent to me that based on my assets under management and commission history which I have enclosed you should now be aware of the problems with the current plan. When I can generate more commissions than you have calculated were my pre disability amount in 48 hours a month, you should realize something is wrong with your numbers.

I have documented the conversations with Liberty Staff as well as Wachovia human relations over my attempted appeal of the Benefits Base Rate. I was referred by your staff to write to the Wachovia Benefits Committee which I did numerous times. Wachovia Staff did NOT respond until they rejected my appeal due to procedures. Someone is responsible to advise disabled employees with the appeals process.

In conclusion, I can not continue to be patient with Liberty and Wachovia I have trusted that they would look after and protect my rights which they have not. I believe I have exhausted ALL of the remedies available prior to seeking legal advice. My family and friends can't believe my story which has been a real nightmare to me and my family. My efforts to return to productive element of society have been undermined by corporations that have profited from my disability and my story will be heard.

Sincerely,

Robert S. Conrad, Sr.
44 Longwood Drive
Sicklerville, NJ 08081

EXHIBIT 13



Liberty Life Assurance Company of Boston
Disability Claims
P.O. Box 242484
Charlotte, NC 28224-9904
Phone No.: (800) 291-0112
Secure Fax No.: (888) 443-4212

June 26, 2006

Robert Conrad
44 Longwood Drive
Sicklerville, NJ 08081-0000

RE: Long Term Disability Benefits
Wachovia Corporation
Claim #: 2021495

Dear Mr. Conrad:

On behalf of the plan sponsor, Wachovia Corporation we have completed our review of your request for reconsideration of your claim for Long Term Disability benefits and are unable to alter our original determination to deny benefits.

As stated in our letter of May 11, 2006, the Wachovia Corporation Long Term Disability plan contains the following plan provisions:

3.4 Discontinuation of Benefits. *The Disability Benefit will cease on the earliest of:*

- (a) *the date the Participant is no longer Disabled;*
- (b) *the end of the maximum benefit period in Section 3.3(b) or the date the Participant is able to work in his or her own occupation on a part-time basis (with or without reasonable accommodation or modification), and is offered such a position by the Employer, but chooses not to;*
- (c) *the date the Participant's Monthly Earnings exceed 80% of his or her Pre-Disability Earnings;*
- (d) *except as prohibited by applicable law, the Employer determines that the Participant is engaging or has engaged in conduct that would result in Termination for Cause;*
- (e) *the date the Participant is no longer under the regular attendance of a legally qualified Physician;*
- (f) *the date the Participant ceases to comply with the course of treatment recommended by his or her Physician for the disabling condition;*
- (g) *the date the Participant refuses to be examined or evaluated for purposes of determining the continuing nature of the Disability; or*
- (h) *the date the Participant dies.*

3.7 *Work Incentive Benefits.* To encourage Participants to return to work, a Participant who has satisfied the Elimination Period may be eligible to continue to receive a Disability Benefit while engaging in Active Employment in accordance with the provisions of this Section 3.7.

- (a) *For the purposes of this provision, the Participant may satisfy the Elimination Period if he or she is Disabled or Partially Disabled, or a combination of Disabled and Partially Disabled, during such time.*
- (b) *A Disability Benefit will be paid for the period of Partial Disability if proof is provided upon request of the Plan Administrator or the Claims Administrator and at the Participant's expense of continued:*
 - (1) *Partial Disability; and*
 - (2) *regular attendance of a legally qualified Physician and compliance with the recommended course of treatment for the disabling condition.*
- (c) *For the purpose of determining Partial Disability, the Injury or Sickness must occur and Partial Disability must begin while the Employee is a Participant.*
- (d) *If the Participant is eligible for benefits described in this Section 3.6, the Plan will pay Disability Benefits as follows:*
 - (1) *If, at any time while Disability Benefits are payable under Section 3.2, the Participant's Monthly Earnings are less than 20% of his Pre-Disability Earnings, a Disability Benefit determined under Section 3.2(b) will continue to be paid, and all other benefit provisions and terms applicable to Disability will apply as stated in this Plan.*
 - (2) *If, during the first 12 months of a Participant's return to employment of any kind, the Participant's Monthly Earnings are greater than or equal to 20% of his Pre-Disability Earnings, but less than or equal to 80% of his or her Pre-Disability Earnings, a Disability Benefit determined under Section 3.2(b) will continue to be paid, and all other benefit provisions and terms applicable to Disability will apply as stated in this Plan. However, if the Disability Benefit plus the Participant's Monthly Earnings would exceed 100% of the Participant's Pre-Disability Earnings, the Disability Benefit will be reduced so that the Disability Benefit plus the Participant's Monthly Earnings does not exceed 100% of the Participant's Pre-Disability Earnings.*
 - (3) *If, after the first 12 months of a Participant's return to employment of any kind, the Participant's Monthly Earnings are greater than or equal to 20% of his Pre-Disability Earnings, but less than or equal to 80% of his Pre-Disability Earnings, the Disability Benefit otherwise payable will be further reduced by 50% of the Participant's Monthly Earnings. All other benefit provisions and terms applicable to Disability will apply as stated in this Plan.*

(4) *If the Participant's Monthly Earnings exceed 80% of his Pre-Disability Earnings, Disability Benefits will cease.*

"Monthly Earnings" means the Participant's earnings from all employment.

According to the information on file, your date of disability was August 3, 2004 and you received Long Term Disability benefits from February 1, 2005 through January 31, 2006. We outlined the basis for denial in our letter of May 11, 2006. At that time, you were given the opportunity to submit any additional information that may support your claim for your appeal review.

We received your written request for an appeal review on May 19, 2006 along with a copy of your paycheck stub for the period of May 1, 2006 through May 15, 2006. On May 25, 2006, we mailed you written acknowledgement of our receipt of your request, and advised you that you would be notified of our determination within 45 days, in accordance with ERISA guidelines.

On May 30, 2006, we received a copy of your paycheck stub for the period of November 1, 2005 through November 15, 2005, along with an Explanation of Dental Benefits from MetLife. On June 13, 2006, we received another letter of appeal from you, dated June 1, 2006, along with a cover letter dated June 10, 2006. On June 26, 2006, we received another letter of appeal dated June 21, 2006, along a letter dated June 23, 2005 addressed by Wachovia Corporation to you, a letter dated May 24, 2006 addressed by you to Stan Hadam, a letter dated December 31, 2004 addressed by you to Wachovia Benefits Committee, and a page from a Wachovia Corporation Summary Plan Description. In addition, you included copies of your paycheck stubs for the following dates: December 16, 1998 through December 31, 1998; December 16, 1999 through December 31, 1999; December 16, 2000 through December 31, 2000; December 16, 2001 through December 21, 2001; December 1, 2002 through December 15, 2002; September 1, 2003 through September 15, 2003; December 1, 2003 through December 15, 2003; August 1, 2004 through August 15, 2004; December 16, 2004 through December 31, 2004; November 16, 2005 through November 30, 2005; December 1, 2005 through December 15, 2005; December 16, 2005 through December 31, 2005; January 1, 2006 through January 15, 2006; February 1, 2006 through February 15, 2006; March 1, 2006 through March 15, 2006; March 16, 2006 through March 31, 2006; April 1, 2006 through April 15, 2006; and May 1, 2006 through May 15, 2006.

Your Pre-Disability Earnings as of your date of disability, provided to Liberty Mutual by Wachovia Corporation, were \$63,931.86 annually. Therefore, your monthly Pre-Disability Earnings were \$5,327.66, and 80% of this figure is \$4,262.12. According to your paycheck stubs from Wachovia Corporation, your Monthly Earnings exceeded 80% of your Pre-Disability Earnings for February 2006, March 2006, and April 2006, as outlined below:

| | <u>Monthly Earnings</u> | <u>80% of Pre-Disability Earnings</u> |
|---------------|-------------------------|---------------------------------------|
| February 2006 | \$4,507.40 | \$4,262.12 |
| March 2006 | \$5,325.66 | \$4,262.12 |
| April 2006 | \$9,095.83 | \$4,262.12 |

You have not submitted verification of your earnings for the complete month of May 2006.

Since you exceeded 80% of your monthly Pre-Disability Earnings, you are no longer eligible to receive Long Term Disability benefits. Therefore, we are unable to grant your request to alter our determination, as we must abide by the provisions as defined in the Wachovia Corporation Long

Term Disability plan. Your appeal for Long Term Disability Benefits has been denied and your claim will remain closed.

This claim determination reflects an evaluation of the claim facts and Plan provisions.

Under the Employee Retirement Income Security Act (ERISA) Appeal guidelines, you were entitled to appeal the determination made by Liberty Life Assurance Company of Boston (Liberty), and to submit any additional information wished to be considered as part of the appeal. Liberty has conducted a full and fair review of your appeal and accompanying materials, and has determined that the denial of benefits will be maintained.

Nothing in this letter should be construed as a waiver of any rights and defenses under the above captioned Plan Administrator and all of these rights and defenses are reserved to the Company, whether or not they are specifically mentioned herein.

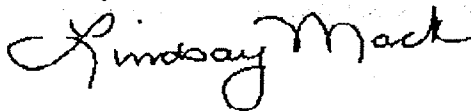
Determinations made by Liberty Life Assurance Company of Boston are based on the provisions outlined in Wachovia Corporation Long Term Disability plan. These provisions are not contingent on decisions made by the Social Security Administration or the Workers' Compensation Carrier.

If you disagree with this denial you may make a written request to Wachovia Corporation's Benefit Committee. You may request to receive, free of charge, copies of all documents relevant to your claim. You may submit any additional information or comments you deem pertinent for review. All requests must be made in writing within 60 days of receipt of this letter and should be addressed to:

Wachovia Corporation
Safety & Disability
Benefits Committee
Attn: Jim Beaver
Two Wachovia Center, T4
301 South Tryon Street
Charlotte, NC 28288-0960

The Benefits Committee will provide you with their decision, in writing, within 60 days of receipt of the written appeal.

Sincerely,

A handwritten signature in black ink that reads "Lindsay Mack". The signature is written in a cursive, flowing style.

Lindsay Mack
Appeal Review Consultant
Phone No.: (800) 291-0112 Ext. 333
Secure Fax No.: (888) 443-4212

EXHIBIT 14

June 29, 2006

Wachovia Corporation
Safety & Disability
Benefits Committee
Attn: Jim Beaver
Two Wachovia Center, T4
301 South Tryon Street
Charlotte, NC 28288-0960

Mr. Beaver,

I have been instructed by Liberty Life Assurance Company of Boston to send my appeal to you in regards to my BEC.

Enclosed you will find a copy of my appeal which was sent to Liberty June 1, 2006. I have also enclosed a copy of Liberty denial dated June 26, 2006.

The situation I am in now is as follows:

1. I am working 12 hours a week due to a chronic health condition.
2. Because of the method of calculating Benefit amounts I exceeded the BEC from Feb 06 thru June 06. I have not received a disability check since January 06, therefore I will be off of disability six months in July 2006. If I thereafter file a claim for disability it will be considered a new STD claim which would result in a reduced benefit due to my partial work schedule.
3. Due to the variable nature of commission income from sales one should clearly see under my circumstances that there are issues with disability and life plans which should be addressed.

Sincerely,

Robert S. Conrad, Sr.
44 Longwood Drive
Sicklerville, NJ 08081
Phone: 856-875-1739
Fax: 856-875-6287



Liberty Life Assurance Company of Boston
Disability Claims
P.O. Box 242484
Charlotte, NC 28224-9904
Phone No.: (800) 291-0112
Secure Fax No.: (888) 443-4212

June 26, 2006

Robert Conrad
44 Longwood Drive
Sicklerville, NJ 08081-0000

RE: Long Term Disability Benefits
Wachovia Corporation
Claim #: 2021495

Dear Mr. Conrad:

On behalf of the plan sponsor, Wachovia Corporation we have completed our review of your request for reconsideration of your claim for Long Term Disability benefits and are unable to alter our original determination to deny benefits.

As stated in our letter of May 11, 2006, the Wachovia Corporation Long Term Disability plan contains the following plan provisions:

3.4 Discontinuation of Benefits. *The Disability Benefit will cease on the earliest of:*

- (a) *the date the Participant is no longer Disabled;*
- (b) *the end of the maximum benefit period in Section 3.3(b) or the date the Participant is able to work in his or her own occupation on a part-time basis (with or without reasonable accommodation or modification), and is offered such a position by the Employer, but chooses not to;*
- (c) *the date the Participant's Monthly Earnings exceed 80% of his or her Pre-Disability Earnings;*
- (d) *except as prohibited by applicable law, the Employer determines that the Participant is engaging or has engaged in conduct that would result in Termination for Cause;*
- (e) *the date the Participant is no longer under the regular attendance of a legally qualified Physician;*
- (f) *the date the Participant ceases to comply with the course of treatment recommended by his or her Physician for the disabling condition;*
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- (b) A Disability Benefit will be paid for the period of Partial Disability if proof is provided upon request of the Plan Administrator or the Claims Administrator and at the Participant's expense of continued:
 - (1) Partial Disability; and
 - (2) regular attendance of a legally qualified Physician and compliance with the recommended course of treatment for the disabling condition.
- (c) For the purpose of determining Partial Disability, the Injury or Sickness must occur and Partial Disability must begin while the Employee is a Participant.
- (d) If the Participant is eligible for benefits described in this Section 3.6, the Plan will pay Disability Benefits as follows:
 - (1) If, at any time while Disability Benefits are payable under Section 3.2, the Participant's Monthly Earnings are less than 20% of his Pre-Disability Earnings, a Disability Benefit determined under Section 3.2(b) will continue to be paid, and all other benefit provisions and terms applicable to Disability will apply as stated in this Plan.
 - (2) If, during the first 12 months of a Participant's return to employment of any kind, the Participant's Monthly Earnings are greater than or equal to 20% of his Pre-Disability Earnings, but less than or equal to 80% of his or her Pre-Disability Earnings, a Disability Benefit determined under Section 3.2(b) will continue to be paid, and all other benefit provisions and terms applicable to Disability will apply as stated in this Plan. However, if the Disability Benefit plus the Participant's Monthly Earnings would exceed 100% of the Participant's Pre-Disability Earnings, the Disability Benefit will be reduced so that the Disability Benefit plus the Participant's Monthly Earnings does not exceed 100% of the Participant's Pre-Disability Earnings.
 - (3) If, after the first 12 months of a Participant's return to employment of any kind, the Participant's Monthly Earnings are greater than or equal to 20% of his Pre-Disability Earnings, but less than or equal to 80% of his Pre-Disability Earnings, the Disability Benefit otherwise payable will be further reduced by 50% of the Participant's Monthly Earnings. All other benefit provisions and terms applicable to Disability will apply as stated in this Plan.

Term Disability plan. Your appeal for Long Term Disability Benefits has been denied and your claim will remain closed.

This claim determination reflects an evaluation of the claim facts and Plan provisions.

Under the Employee Retirement Income Security Act (ERISA) Appeal guidelines, you were entitled to appeal the determination made by Liberty Life Assurance Company of Boston (Liberty), and to submit any additional information wished to be considered as part of the appeal. Liberty has conducted a full and fair review of your appeal and accompanying materials, and has determined that the denial of benefits will be maintained.

Nothing in this letter should be construed as a waiver of any rights and defenses under the above captioned Plan Administrator and all of these rights and defenses are reserved to the Company, whether or not they are specifically mentioned herein.

Determinations made by Liberty Life Assurance Company of Boston are based on the provisions outlined in Wachovia Corporation Long Term Disability plan. These provisions are not contingent on decisions made by the Social Security Administration or the Workers' Compensation Carrier.

If you disagree with this denial you may make a written request to Wachovia Corporation's Benefit Committee. You may request to receive, free of charge, copies of all documents relevant to your claim. You may submit any additional information or comments you deem pertinent for review. All requests must be made in writing within 60 days of receipt of this letter and should be addressed to:

Wachovia Corporation
Safety & Disability
Benefits Committee
Attn: Jim Beaver
Two Wachovia Center, T4
301 South Tryon Street
Charlotte, NC 28288-0960

The Benefits Committee will provide you with their decision, in writing, within 60 days of receipt of the written appeal.

Sincerely,

A handwritten signature in black ink that reads "Lindsay Mack". The signature is fluid and cursive, with the first name "Lindsay" and last name "Mack" clearly distinguishable.

Lindsay Mack
Appeal Review Consultant
Phone No.: (800) 291-0112 Ext. 333
Secure Fax No.: (888) 443-4212

(4) *If the Participant's Monthly Earnings exceed 80% of his Pre-Disability Earnings, Disability Benefits will cease.*

"Monthly Earnings" means the Participant's earnings from all employment.

According to the information on file, your date of disability was August 3, 2004 and you received Long Term Disability benefits from February 1, 2005 through January 31, 2006. We outlined the basis for denial in our letter of May 11, 2006. At that time, you were given the opportunity to submit any additional information that may support your claim for your appeal review.

We received your written request for an appeal review on May 19, 2006 along with a copy of your paycheck stub for the period of May 1, 2006 through May 15, 2006. On May 25, 2006, we mailed you written acknowledgement of our receipt of your request, and advised you that you would be notified of our determination within 45 days, in accordance with ERISA guidelines.

On May 30, 2006, we received a copy of your paycheck stub for the period of November 1, 2005 through November 15, 2005, along with an Explanation of Dental Benefits from MetLife. On June 13, 2006, we received another letter of appeal from you, dated June 1, 2006, along with a cover letter dated June 10, 2006. On June 26, 2006, we received another letter of appeal dated June 21, 2006, along a letter dated June 23, 2005 addressed by Wachovia Corporation to you, a letter dated May 24, 2006 addressed by you to Stan Hadam, a letter dated December 31, 2004 addressed by you to Wachovia Benefits Committee, and a page from a Wachovia Corporation Summary Plan Description. In addition, you included copies of your paycheck stubs for the following dates: December 16, 1998 through December 31, 1998; December 16, 1999 through December 31, 1999; December 16, 2000 through December 31, 2000; December 16, 2001 through December 21, 2001; December 1, 2002 through December 15, 2002; September 1, 2003 through September 15, 2003; December 1, 2003 through December 15, 2003; August 1, 2004 through August 15, 2004; December 16, 2004 through December 31, 2004; November 16, 2005 through November 30, 2005; December 1, 2005 through December 15, 2005; December 16, 2005 through December 31, 2005; January 1, 2006 through January 15, 2006; February 1, 2006 through February 15, 2006; March 1, 2006 through March 15, 2006; March 16, 2006 through March 31, 2006; April 1, 2006 through April 15, 2006; and May 1, 2006 through May 15, 2006.

Your Pre-Disability Earnings as of your date of disability, provided to Liberty Mutual by Wachovia Corporation, were \$63,931.86 annually. Therefore, your monthly Pre-Disability Earnings were \$5,327.66, and 80% of this figure is \$4,262.12. According to your paycheck stubs from Wachovia Corporation, your Monthly Earnings exceeded 80% of your Pre-Disability Earnings for February 2006, March 2006, and April 2006, as outlined below:

| | <u>Monthly Earnings</u> | <u>80% of Pre-Disability Earnings</u> |
|---------------|-------------------------|---------------------------------------|
| February 2006 | \$4,507.40 | \$4,262.12 |
| March 2006 | \$5,325.66 | \$4,262.12 |
| April 2006 | \$9,095.83 | \$4,262.12 |

You have not submitted verification of your earnings for the complete month of May 2006.

Since you exceeded 80% of your monthly Pre-Disability Earnings, you are no longer eligible to receive Long Term Disability benefits. Therefore, we are unable to grant your request to alter our determination, as we must abide by the provisions as defined in the Wachovia Corporation Long

Liberty Life Assurance Company of Boston
Disability Claims
PO Box 242484
Charlotte, NC 28224-2484

June 21, 2006

Attn: Claims Appeal
Claim#: 2021495

Gentleman,

The purpose of this letter is to:

- Appeal your determination to cancel my benefits with Wachovia Corporation.
- Appeal the amount of my disability income amount.

I don't believe you should have terminated my Life, Health, Dental, Eyeglass and disability coverage. I am on a return to work program and was informed in May 2005 that my benefits would not be affected by my attempt to return to work.

In regards to the second point, It is apparent to me that based on my assets under management and commission history which I have enclosed you should now be aware of the problems with the current plan. When I can generate more commissions than you have calculated were my pre disability amount in 48 hours a month, you should realize something is wrong with your numbers.

I have documented the conversations with Liberty Staff as well as Wachovia human relations over my attempted appeal of the Benefits Base Rate. I was referred by your staff to write to the Wachovia Benefits Committee which I did numerous times. Wachovia Staff did NOT respond until they rejected my appeal due to procedures. Someone is responsible to advise disabled employees with the appeals process.

In conclusion, I can not continue to be patient with Liberty and Wachovia I have trusted that they would look after and protect my rights which they have not. I believe I have exhausted ALL of the remedies available prior to seeking legal advice. My family and friends can't believe my story which has been a real nightmare to me and my family. My efforts to return to productive element of society have been undermined by corporations that have profited from my disability and my story will be heard.

Sincerely,

Robert S. Conrad, Sr.
44 Longwood Drive
Sicklerville, NJ 08081

Liberty Life Assurance Company of Boston
Disability Claims
PO Box 242484
Charlotte, NC 28224-2484

May 30, 2006


Attn: Kate Schultz

RE: Robert S. Conrad
CLAIM # 2021495

Dear Kate,

Enclosed is a preliminary appeal of Liberty's decision to terminate my LTD and other benefits.

Regards,



Robert S. Conrad
44 Longwood Drive
Sicklerville, NJ 08081

Wachovia Securities
Five Greentree Plaza Suite 400
Marlton, NJ 08053

May 24, 2006

Attn: Stan Hadam
Office Manager

Stan,

The following is my initial appeal to Wachovia/Liberty to reinstate my benefits , and reconsider the method of calculating benefits for commissioned brokers.

The purpose of this letter is to:

1. **APPEAL** your decision to terminate my benefits.
2. **REQUEST** a reconsideration of the calculation of BEC for commissioned sales associates

Who am I:

Robert S. Conrad, Sr. age 51 I am married to
Donna L. Conrad I have four children, three living with us at
44 Longwood Drive
Sicklerville, NJ 08081 There names are

Robert, Jr. age 17
Lisa Ann age 15
David age 10

Below are income figures taken from my December pay stubs for the years 1998 thru May 2006. This should help you to see what a healthy Bob can achieve, and how from the initial start of my disability that my income and benefits were affected.

| Table 1 | 1998 | 1999 | 2000 | 2001 | 2002 |
|------------------|-------------|-------------|-------------|-------------|-------------|
| Regular Earnings | 46500.24 | 72000.00 | 72000.00 | 72000.00 | |
| Commissions | 195970.67 | 184780.03 | 261229.10 | 181939.41 | 135159.72 |
| Deferred Comp | | 29761.29 | 55474.46 | 7507.25 | |
| Total | 242470.91 | 286541.32 | 388703.56 | 261446.66 | 135159.72 |

| Table 2 | 2003 thru August | August 03 thru Dec.03 | Total |
|----------------|--------------------------|------------------------------|--------------|
| Commissions | 99421.22 | 17193.97 | 116615.19 |
| | 2004 thru July 04 | August 04 thru Dec.04 | Total |
| Commissions | 65766.75 | 1972.00 | |
| Sick Pay | | 26396.13 | 94134.88 |

SECOND POINT

If I had been instructed to send the appeal to Liberty instead of the Benefits Committee, perhaps they would have recognized the flaws in the calculation of my BEC. The benefit check would be higher and we would not have exceeded the higher amount.

In November 2005 I received clearance from my doctors to return to work on a partial schedule, Stan Hadam worked with me and we discussed my concerns about my benefits and other office related issues and as a result I have been coming to the office since Nov. 2005.

I did not expect to be paid for putting time in the office but Stan told me it was mandatory by the State of
NI

THIRD POINT

I believe this is were one of the problems are which caused me to lose my benefits. If I had not been receiving this regular earnings I would have been receiving a disability check in addition to my commission check with the exception of April when I exceeded the miscalculate BEC amount.

Enclosed

1. Copies of my pay stubs from December 15, 2005 thru May 15, 2006.
 - A. You will notice that the commission when taken alone exceeded the Long Term benefit amount on one occasion, April 15, 2006. It is only when you include the reduced hours partial earnings of \$ 1,832.40 that you exceed 80% of the pre-disability earnings level you are using \$ 5,327.66.
 - B. I believe that by adding the reduced hours partial pay you are in effect causing me to lose my long term benefits, including Life, Health, Dental, Vision, and Disability insurance.
 - C. When you consider the amount of assets I have under management and the commissions generated from residuals it is clear to see that the figures that you are using are extremely understated.

Wachovia Corporation has benefited from my disability :

1. My assets have generated gross commission of
 - a. 2004 August thru December
 - b. 2005 January thru December \$ 135,914.06
 - c. 2006 January thru May \$ 77,525.00

All the while I received disability of

1. Disability of:
- | | | | |
|---------|-------------|-------------------|---|
| a. 2004 | \$26,396.13 | residual earnings | total |
| b. 2005 | \$36,643.03 | residual earnings | \$13,837.53 = \$50,480.56 |
| c. 2006 | \$11,665.84 | residual earnings | \$17,164.26+ regular earnings \$7,329.60 = \$37,075.90. |

I am receiving approximately 10% of the earnings generated by my book of business which took me 23 years to build.

2. Copy of Liberty letter from January 2004.
3. Copy of first appeal letter to Benefits Committee.
4. Copy of denial letter dated June 23, 2005

5. Copy pay stubs as referenced above Table 1, 2, 3.

6. Copy of Paragraph 3 Page 80 Wachovia 2005 Benefits Summary Plan Description

Additional documentation is available at your request.

I have not received a disability check since Feb. 2006.

Regards,

Robert S. Conrad, Sr.

Two Wachovia Center, T4
301 South Tryon Street
Charlotte, NC 28288

June 23, 2005

WACHOVIA

Robert S. Conrad
44 Longwood Drive
Sicklerville, NJ 08081

Dear Mr. Conrad:

This correspondence is in response to your letter dated December 31, 2004, February 2, 2005 and March 11, 2005. Although initially it appeared that your letter was an appeal properly filed with this Committee. We had subsequently confirmed that the request you make in your letter to the Committee (e.g. a request for an adjusted date of disability of September 2003 which you believe in turn would result in an adjustment to your BBR which you feel would result in your receipt of a greater benefit) did not follow the required claims procedure as communicated to employees in the Summary Plan Description for the Wachovia Short Term Disability Plan. Before any claim appeal concerning the adjustment of benefits comes to this Committee, an employee is required to have first gone through the claims appeal process with Liberty. We have confirmed with Liberty that they have not previously received a claim request to adjust your disability benefit. Therefore, we are not considering your letter in this regard to be a claim appeal but rather we are treating this as an inquiry/complaint concerning the calculation of your disability benefit.

As an initial matter, we have confirmed with Liberty that currently you have an approved long-term disability claim. Your date of disability was August 3, 2004 and your LTD benefit commencement date was February 1, 2005.

We noted in your letter you contend that you did not receive instruction or assistance from anyone in the company with regard to disability benefits and the way they are calculated. Please note that in the Summary Plan Description for the STD Plan (which is provided to all participants; either with a hard copy, or through access on Exchange) contains the information surrounding the STD Plan, which you contend not to have been provided.

Specifically, with respect to the calculation of your BEC, you mention in your letter that your Benefits Eligible Compensation ("BEC") should have been calculated upon your September 2003 salary. You also state that had you gone out on disability in September 2003, you estimated your BEC to have been \$116,536.00. The Summary Description for the STD Plan, which is communicated to employees, explains in detail the calculation of BEC. Below is only the pertinent information that pertains to your situation:

"Compensation" is defined as the sum of your... Seventy percent (70%) of "eligible functional incentive pay"

"BEC" or "Pre-disability Earnings" means the greatest of the following amounts divided by 52 (i.e., the number of weeks in a calendar year):

- Your Grandfathered Annual Benefits Base Rate (ABBR);*
- Your Comp Rate; or*
- Your Rolling 12-Month Amount*

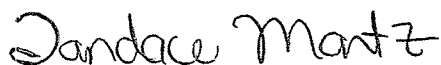
Your BEC or Pre-disability Earnings is determined as of the business day immediately preceding the date you incur a disability. Note, however, that the Rolling 12-Month Amount is actually calculated once each month...

The "Rolling 12-Month Amount" is determined as of the last business day of each month if you are eligible to participate in the plan on such date. For example, if you become eligible for benefits during April, the Rolling 12-Month Amount is calculated for the 12 months ending March 31.

12 Months of Participation - If you have 12 Months of Participation during the most recent 12 consecutive calendar months, your Rolling 12-Month Amount is the sum of your Earnings for such 12 consecutive calendar months...

Your BEC is based on your August 2004 STD BEC amount for your approved disability date of August 3, 2004 to January 31, 2005 and a current approved LTD claim (LTD effective date February 1, 2005). Therefore your BEC calculation in this regard is correct.

Sincerely,



Tandace Martz
Officer
Human Resources Division



Liberty Life Assurance Company of Boston
Disability Claims
P.O. Box 242484
Charlotte, NC 28224-2484
Phone No.: (800) 291-0112
Secure Fax No.: (888) 443-4212

January 12, 2004

Dr. George Petrunzio

RE: Short Term Disability Benefits Wachovia Corporation
Patient Name: Robert Conrad
SS#: 135-44-1807 Claim #: 1201957
Date of Birth: February 26, 1955

Dear Dr. George Petrunzio:

To evaluate Robert Conrad's initial eligibility for disability benefits, we need updated medical information. I have checked below the information needed for November 24, 2003 to present.

| | |
|--|--|
| <input type="checkbox"/> Admission History | <input type="checkbox"/> Dates of Prior Admissions |
| <input type="checkbox"/> Hospital Records | <input type="checkbox"/> Discharge Summary |
| <input checked="" type="checkbox"/> Diagnostic Tests | <input type="checkbox"/> Operative Reports |
| <input checked="" type="checkbox"/> Office Notes | <input checked="" type="checkbox"/> Other: Enclosed Form |

Your patient should have provided your office with a signed Authorization. To avoid delays in processing, please submit all requested information no later than January 15, 2004. Your time and assistance with this matter are greatly appreciated. Should you have any questions regarding this request, feel free to contact our office.

***Please note: Any processing fee or charge associated with providing initial medical information to support disability is the sole responsibility of the patient.

Sincerely,

Tosha Darby

Tosha Darby
Disability Case Manager
Phone No.: (800) 291-0112 Ext. 326
Secure Fax No.: (888) 443-4212

*Told me (1-04) I
Shouldn't bother to
File a claim*

Wachovia Benefits Committee
Human Resources
Two Wachovia Center, T-4
301 South Tryon Street
Charlotte, NC 28288-0960

December 31, 2004

Dear Sirs/Madam,

I was hired by Nicholas Mekosh of Wheat First Butcher and Singer on May 02, 1995. I achieved the status of Senior VP in 1997 and have been a loyal Wheat First Union/First Union Securities/Wachovia Securities broker since.

The unfortunate thing is that since September 15, 2003 I have been struggling with various chronic ailments. I first went to my primary physician who did a number of blood tests to try to determine the cause of my symptoms which included sweats, fatigue, diarrhea, sudden weight loss, lack of appetite, short term memory loss, etc. I continued to work but found it difficult to work my regular hours. Subsequently my production gradually declined as my symptoms persisted. Then in November 03 I was in the office and had to excuse myself from a very important meeting of two of my wealthiest clients. I went to the hospital and was admitted with abdominal pains and chest discomfort. I stayed in the hospital for five days undergoing numerous tests to determine the cause of these symptoms. These tests included stress test, Ekg and heart catheterization, etc. I was released from the hospital with further tests scheduled for December 03, at this time I submitted a claim for short term disability. I was contacted by the Liberty Rep and she informed me that my doctor had not sent the form back. In the course of our conversation I told the Liberty Rep that I was unable to perform my entire work tasks but I was able to answer phone calls from clients and was likely to continue servicing my clients who call in. She said that I would probably get turned down for benefits any way so I dropped it.

My symptoms continued to persist and I was continually seeing my doctor who suggested I get a sleep test. The first sleep test was in March 04 revealed I was having 40 episodes an hour and I had severe sleep apnea. So in April I was prescribed a CPAP (continuous pressure air pump) machine which I use every time I go to sleep. I was told that I could start to feel better in 2 to 8 weeks. This made me feel good because I was finally going to get better. My production at work was continuing to decline and I hoped to get back to my old self as soon as possible. Unfortunately I have not gotten back to my old self and in July was told by the sleep specialist I was probably not going to feel much better. The CPAP machine had improved my episodes to 29 per hour but since August I have been out on disability. I have explored other treatment methods including surgery but at this time I am not a good candidate for this procedure.

The problem I have is I did not receive instruction or assistance from anyone in the company with regard to the disability benefits and the way they are calculated. Therefore my benefit amount, BBR, has been reduced to a level which supposedly reflects the trailing twelve months of production from the date I went out on disability August 2, 2004. I believe you will see that I was first treated for this condition since September 15, 2003 and had I been given some guidance I would have sought disability coverage sooner which would have resulted in a more appropriate BBR. My BBR on Dec 2003 would have been \$95,205.62 since I did not pursue disability until August 2004 my BBR is \$63,931.86. Had I gone out in September 03, I estimate my BBR would have been \$ 116,536.00.

You might wonder why it has taken me this long to request an adjustment to my BBR. When I first went on disability it took a month and a half to approve my claim. I began contacting HR with phone inquiries in October to no avail. In November I picked up the pace and inquired to the branch managers Nick Mekosh, Stan Hadim, payroll Stephanie Sargent, Twana Coleman, Deanna Simpson-Gray, Regional Office Laura Hak, HR Sheila Johnson referred me to Lisa Carter, Madonna Miller, Linda Calcagney, Euline Hill, and Linda Hudson who gave me your address on Dec. 30.

I believe the disability policy with Wachovia is designed more for salaried individual's then commission persons. If I was on a salary I could have come to work and not been as productive but my benefits would have stayed the same until I went out on disability.

I hope you will examine the evidence in my situation and make the determination to adjust my benefits accordingly.

Sincerely,

Robert S. Conrad, Sr. CL 40 A 891688
Senior VP / Investment Officer
44 Longwood Drive
Sicklerville, NJ 08081
856-875-1739

Enc. BBR calculation/ Commission run/ Doctors claim forms



* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

PayGroup: CMC Semimonthly Pay Group
 Pay Begin Date: 12/16/1998
 Pay End Date: 12/31/1998

Advice#: 0001961
 Advice Date: 12/31/1998

Robert Conrad
 44 Longwood Drive
 Sicklerville, NJ 08081

HR Emplid: 630720
 Department: Cherry Hill
 CO/RC: CMC 0840175
 Pay Rate: \$72,000.00 Annual

TAX DATA:
 Marital Status: Married
 Allowances: 15
 Addl Pct: 0.0
 Addl Amt: \$0.00
 Federal: Married
 NJ State: M-Joint
 5
 0.0
 \$0.00

SSN: XXX-XX-1807

HOURS AND EARNINGS

| Description | Current | | YTD * | |
|--------------------------------|---------|-------------|--------------------|---------------------|
| | Rate | Hours | Earnings | Earnings |
| Regular Earnings | | | \$3,000.12 | \$46,500.24 |
| Imputed Income | | | \$32.73 | \$441.69 |
| Service-Based Flexible Dollars | | | \$12.50 | \$150.00 |
| Medical Credits | | | \$202.52 | \$2,430.24 |
| CMG Wheat Commissions** | | | \$21,111.25 | \$195,970.67 |
| CMG Wheat Spy Bonus** | | | \$0.00 | \$3,750.00 |
| CMG Wheat Mgr Draw Guar | | | \$0.00 | \$662.71 |
| Wheat after-tax discretionary | | | \$0.00 | \$897.97 |
| Cash Dividend - Stock | | | \$0.00 | \$2,765.00 |
| Total | | 0.00 | \$24,326.39 | \$253,126.83 |

X= INCLUDED IN SALES TOTAL
 APPEAL (PARA 2) TABLE 1

TAXES

| | Current | YTD * |
|-----------------|-------------------|--------------------|
| Fed Withholding | \$7,519.50 | \$63,908.01 |
| Fed FICA - MHI | \$348.00 | \$3,941.31 |
| Fed OASDI/Dis | \$0.00 | \$4,240.80 |
| NJ Unempl EE | \$0.00 | \$19.30 |
| NJ NJ HCSF | \$0.00 | \$57.90 |
| NJ NJ WFDP | \$0.00 | \$4.83 |
| NJ Withholding | \$1,467.63 | \$14,750.30 |
| Total | \$9,335.13 | \$87,018.95 |

BEFORE-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|-----------------------------|-----------------|--------------------|--------------------------------|-----------------|-------------------|
| Before-Tax Basic Savings | \$330.33 | \$8,912.50 | Dependent Life Insurance | \$7.35 | \$91.20 |
| Before-Tax Supp Savings | \$0.00 | \$1,087.50 | After tax sales assistant | \$150.00 | \$1,800.00 |
| Medical Coverage | \$293.30 | \$4,293.60 | Lap-Top Note Interest | \$0.00 | \$84.62 |
| Supplemental Life Insurance | \$16.53 | \$198.36 | After tax commission deduction | \$0.00 | \$70.00 |
| Health Care FSA | \$25.00 | \$300.00 | Lap-Top Note Payment | \$0.00 | \$1,348.34 |
| Dental Coverage | \$24.39 | \$514.68 | Dependent Life Insurance | \$0.00 | \$15.00 |
| Wheat HC FSA | \$0.00 | \$150.00 | After-Tax Suppl Life Insurance | \$0.00 | \$132.00 |
| Total: | \$689.55 | \$15,456.64 | Supplemental Disability Ins | \$0.00 | \$120.00 |
| | | | Supplemental Disability Ins | \$0.00 | \$217.50 |
| | | | Aetna Life Plus | \$0.00 | \$1,418.39 |
| | | | Total: | \$157.35 | \$5,297.05 |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|----------------------|-------------------|-------------|------------------|--------------|
| Current: \$24,326.39 | \$23,669.57 | \$9,335.13 | \$846.90 | \$14,144.36 |
| YTD: \$253,126.83 | \$261,814.30 | \$87,018.95 | \$20,753.69 | \$145,354.19 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|--------------------|
| Checking | Account ending in 4707 | \$14,144.36 |
| Total | | \$14,144.36 |



* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0063376 |
| Pay Begin Date: | 12/16/1999 | Advice Date: | 12/29/1999 |
| Pay End Date: | 12/31/1999 | | |

| | | | | |
|-------------------------|-------------------------------------|------------------------|----------------|-----------------|
| Robert Conrad | HR Emplid: 630720 | TAX DATA: | Federal | NJ State |
| 44 Longwood Drive | Department: Cherry Hill | Marital Status: | Married | M-Joint |
| Sicklerville, NJ 08081 | CO/RC: CMC 0840175 | Allowances: | 15 | 5 |
| SSN: XXX-XX-1807 | Pay Rate: \$72,000.00 Annual | Addl Pct: | 0.0 | 0.0 |
| | | Addl Amt: | \$0.00 | \$0.00 |

HOURS AND EARNINGS

| Description | Current | | YTD * | |
|--------------------------------|---------|-------------|--------------------|---------------------|
| | Rate | Hours | Earnings | Earnings |
| Regular Earnings | | | \$3,000.00 | \$72,000.96 |
| Service-Based Flexible Dollars | | | \$12.50 | \$300.00 |
| Medical Credits | | | \$200.34 | \$4,808.16 |
| Imputed Income | | | \$21.50 | \$696.60 |
| Comm/Pretax Earnings** | | | \$29,732.42 | \$184,780.03 |
| Key Contributor Deferred Comp | | | (\$8,933.11) | (\$29,761.29) |
| CMG Wheat Spy Bonus** | | | \$0.00 | \$8,000.00 |
| Restricted Stock Award | | | \$0.00 | \$22,995.00 |
| Restricted Stock Taxes | | | \$0.00 | \$9,807.37 |
| Forgivable Loan Supplemental | | | \$0.00 | \$23,779.85 |
| Cash Dividend - Stock | | | \$0.00 | \$2,466.56 |
| Total | | 0.00 | \$24,012.15 | \$252,401.79 |

X = INCLUDED IN SALES TOTAL
 APPEAL (PARA 2) TABLE 1

TAXES

| | Current | YTD * |
|-----------------|-------------------|--------------------|
| Fed Withholding | \$7,362.74 | \$60,942.63 |
| Fed FICA - MHI | \$343.30 | \$4,081.37 |
| Fed OASDI/Dis | \$0.00 | \$4,501.20 |
| NJ Unempl EE | \$0.00 | \$30.30 |
| NJ NJ HCSF | \$0.00 | \$50.50 |
| NJ NJ WFDP | \$0.00 | \$5.05 |
| NJ Withholding | \$1,445.58 | \$15,107.59 |
| Total | \$9,151.62 | \$84,718.64 |

BEFORE-TAX DEDUCTIONS AFTER-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|-----------------------------|-----------------|--------------------|--------------------------------|---------------|-----------------|
| Before-Tax Basic Savings | \$333.25 | \$9,533.33 | Dependent Life Insurance | \$7.35 | \$176.40 |
| Medical Coverage | \$288.73 | \$6,929.52 | After tax sales assistant | \$0.00 | \$600.00 |
| Supplemental Life Insurance | \$9.60 | \$230.40 | After tax commission deduction | \$0.00 | \$66.50 |
| Health Care FSA | \$25.00 | \$600.00 | Total: | \$7.35 | \$842.90 |
| Dental Coverage | \$24.39 | \$585.36 | | | |
| Vision Coverage | \$10.29 | \$246.96 | | | |
| Before-Tax Supp Savings | \$0.00 | \$466.67 | | | |
| Total: | \$691.26 | \$18,592.24 | | | |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|-----------------------------|-------------------|-------------|------------------|--------------|
| Current: \$24,012.15 | \$23,342.39 | \$9,151.62 | \$698.61 | \$14,161.92 |
| YTD: \$252,401.79 | \$271,473.63 | \$84,718.64 | \$19,435.14 | \$148,248.01 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|--------------------|
| Checking | Account ending in 4707 | \$14,161.92 |
| Total | | \$14,161.92 |



WACHOVIA

* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0058138 |
| Pay Begin Date: | 12/16/2001 | Advice Date: | 12/31/2001 |
| Pay End Date: | 12/31/2001 | | |

Robert Conrad
 44 Longwood Drive
 Sicklerville, NJ 08081

HR Emplid: 630720
 Department: Cherry Hill
 CO/RC: CMC 0840175
 Pay Rate: \$0.00 Annual

| | | |
|------------------|----------------|-----------------|
| TAX DATA: | <u>Federal</u> | <u>NJ State</u> |
| Marital Status: | Married | M-Joint |
| Allowances: | 200 | 10 |
| Addl Pct: | 0.0 | 0.0 |
| Addl Amt: | \$0.00 | \$0.00 |

SSN: XXX-XX-1807

HOURS AND EARNINGS

| Description | Current | | | YTD * | |
|--------------------------------|---------|-------------|--------------------|-------------|---------------------|
| | Rate | Hours | Earnings | Hours | Earnings |
| Service-Based Flexible Dollars | | | \$16.67 | | \$400.08 |
| Medical Credits | | | \$233.51 | | \$5,604.24 |
| Draw Earnings** | | | \$3,000.00 | | \$72,000.00 |
| Imputed Income | | | \$40.58 | | \$973.92 |
| Comm/Pretax Earnings** | | | \$16,261.75 | | \$181,939.41 |
| 1998 ESPP Taxable Wages | | | \$3,335.00 | | \$3,335.00 |
| Key Contributor Vesting** | | | \$5,439.86 | | \$22,980.23 |
| CMG Wheat Spy Bonus** | | | \$0.00 | | \$14,000.00 |
| Key Contributor Deferred Comp | | | \$0.00 | | (\$7,507.25) |
| Refund of Excess Company Match | | | \$0.00 | | \$4,850.11 |
| Restricted Stock Award | | | \$0.00 | | \$29,654.82 |
| Total | | 0.00 | \$24,951.79 | 0.00 | \$194,266.82 |

INCLUDED IN TOTAL SALES
 APPEAL (PARA 2) TABLE 1

TAXES

| | Current | YTD * |
|-----------------|-------------------|---------------------|
| Fed Withholding | \$1,876.89 | \$74,964.50 |
| Fed FICA - MHI | \$377.30 | \$4,565.69 |
| Fed OASDI/Dis | \$0.00 | \$4,984.80 |
| NJ Unempl EE | \$0.00 | \$44.20 |
| NJ NJ HCSF | \$0.00 | \$44.20 |
| NJ NJ WFDP | \$0.00 | \$5.53 |
| NJ Withholding | \$1,621.70 | \$17,432.85 |
| Total | \$3,875.89 | \$102,041.77 |

BEFORE-TAX DEDUCTIONS

AFTER-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|-----------------------------|-----------------|--------------------|--------------------------|---------|----------|
| Medical Coverage | \$334.42 | \$8,026.08 | Dependent Life Insurance | \$12.40 | \$297.60 |
| Supplemental Life Insurance | \$18.52 | \$444.48 | Total: | \$12.40 | \$297.60 |
| Health Care FSA | \$62.50 | \$1,500.00 | | | |
| Dental Coverage | \$30.30 | \$727.20 | | | |
| Vision Coverage | \$10.29 | \$246.96 | | | |
| Before-Tax Basic Savings | \$0.00 | \$10,200.00 | | | |
| Before-Tax Supp Savings | \$0.00 | \$300.00 | | | |
| State Registration Fees | \$0.00 | \$560.00 | | | |
| Total: | \$456.03 | \$22,004.72 | | | |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|----------------------|-------------------|--------------|------------------|--------------|
| Current: \$24,951.79 | \$29,355.97 | \$3,875.89 | \$468.43 | \$20,607.47 |
| YTD: \$294,266.82 | \$307,710.47 | \$102,041.77 | \$22,302.32 | \$169,922.73 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|--------------------|
| Checking | Account ending in 4707 | \$20,607.47 |
| Total | | \$20,607.47 |



WACHOVIA

* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0069668 |
| Pay Begin Date: | 12/01/2002 | Advice Date: | 12/13/2002 |
| Pay End Date: | 12/15/2002 | | |

| | | | | |
|-------------------------|--------------------------------|------------------------|----------------|-----------------|
| Robert Conrad | HR Emplid: 630720 | TAX DATA: | Federal | NJ State |
| 44 Longwood Drive | Department: Cherry Hill | Marital Status: | Married | M-Joint |
| Sicklerville, NJ 08081 | CO/RC: CMC 0840175 | Allowances: | 15 | 10 |
| SSN: XXX-XX-1807 | Pay Rate: \$0.00 Annual | Addl Pct: | 0.0 | 0.0 |
| | | Addl Amt: | \$0.00 | \$0.00 |

HOURS AND EARNINGS

| Description | Current | | YTD * | |
|--------------------------------|---------|-------------|-------------------|---------------------|
| | Rate | Hours | Earnings | Earnings |
| Service-Based Flexible Dollars | | | \$33.34 | \$400.08 |
| Medical Credits | | | \$520.34 | \$6,244.08 |
| Everen IC Electv LKBK** | | | \$1,820.46 | \$1,820.46 |
| Imputed Income | | | \$81.60 | \$979.20 |
| % Comm/Pretax Earnings** | | | \$2,643.36 | \$135,159.72 |
| Key Contributor Vesting** | | | \$4,911.56 | \$55,577.69 |
| Total | | 0.00 | \$9,929.06 | \$199,202.03 |

INCLUDED IN SALES TOTAL
 APPEAL PARA 2 TAX 1

TAXES

| | Current | YTD * |
|-----------------|-------------------|--------------------|
| Fed Withholding | \$1,062.87 | \$30,005.17 |
| Fed FICA - MHI | \$130.84 | \$2,730.96 |
| Fed OASDI/Dis. | \$0.00 | \$5,263.80 |
| NJ Unempl EE | \$0.00 | \$42.89 |
| NJ NJ HCSF | \$0.00 | \$47.00 |
| NJ NJ WFDP | \$0.00 | \$5.88 |
| NJ NJ SWAF | \$0.00 | \$1.02 |
| NJ Withholding | \$239.34 | \$7,076.73 |
| Total | \$1,433.05 | \$45,173.45 |

BEFORE-TAX DEDUCTIONS

AFTER-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|-----------------------------|-------------------|--------------------|---------------------|----------------|-----------------|
| Before-Tax Savings | \$984.42 | \$9,825.79 | Dep Life Ins Child | \$2.66 | \$31.92 |
| Medical Coverage | \$755.17 | \$9,061.97 | Dep Life Ins Spouse | \$17.16 | \$205.92 |
| Supplemental Life Insurance | \$37.23 | \$446.69 | Total: | \$19.82 | \$237.84 |
| Health Care FSA | \$100.00 | \$1,200.00 | | | |
| Dental Coverage | \$75.63 | \$907.49 | | | |
| Vision Coverage | \$18.56 | \$222.72 | | | |
| Total: | \$1,971.01 | \$21,664.66 | | | |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|----------------------------|-------------------|-------------|------------------|--------------|
| Current: \$9,929.06 | \$8,039.65 | \$1,433.05 | \$1,990.83 | \$6,505.18 |
| YTD: \$199,202.03 | \$178,516.57 | \$45,173.45 | \$21,902.50 | \$132,126.08 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|-------------------|
| Checking | Account ending in 4707 | \$6,505.18 |
| Total | | \$6,505.18 |



WACHOVIA

* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0065849 |
| Pay Begin Date: | 09/01/2003 | Advice Date: | 09/15/2003 |
| Pay End Date: | 09/15/2003 | | |

Robert Conrad
 44 Longwood Drive
 Sicklerville, NJ 08081

SSN: XXX-XX-1807

HR Emplid: 630720
 Department: Cherry Hill
 CO/RC: CMC 0840175
 Pay Rate: \$0.00 Annual

| | | |
|-----------------|---------|----------|
| TAX DATA: | Federal | NJ State |
| Marital Status: | Married | M-Joint |
| Allowances: | 15 | 10 |
| Addl Pct: | 0.0 | 0.0 |
| Addl Amt: | \$0.00 | \$0.00 |

HOURS AND EARNINGS

| Description | Current | | YTD * | |
|--------------------------------|---------|-------------|-------------------|---------------------|
| | Rate | Hours | Earnings | Earnings |
| Service-Based Flexible Dollars | | | \$33.34 | \$300.06 |
| Medical Credits | | | \$578.65 | \$5,207.85 |
| Imputed Income Group Term Life | | | \$65.93 | \$593.37 |
| Comm/Pretax Earnings** | | | \$5,842.59 | \$99,421.22 |
| Key Contributor Vesting** | | | \$0.00 | \$10,895.31 |
| CMG WS Retention Bonus | | | \$0.00 | \$6,445.00 |
| Total | | 0.00 | \$6,454.58 | \$122,269.44 |

INCLUDED IN TOTAL SALES
 APPRAL (PARA 2) TABLE 2

TAXES

| | Current | YTD * |
|-----------------|-----------------|--------------------|
| Fed Withholding | \$12.04 | \$14,308.81 |
| Fed FICA - MHI | \$79.19 | \$1,639.06 |
| Fed OASDI/Dis | \$0.00 | \$5,394.00 |
| NJ Unempl EE | \$0.00 | \$43.62 |
| NJ NJ HCSF | \$0.00 | \$47.80 |
| NJ NJ WFDOP | \$0.00 | \$5.98 |
| NJ NJ SWAF | \$0.00 | \$4.18 |
| NJ Withholding | \$91.75 | \$3,886.36 |
| Total | \$182.98 | \$25,329.81 |

BEFORE-TAX DEDUCTIONS

AFTER-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|-----------------------------|-------------------|--------------------|---------------------|----------------|-----------------|
| Before-Tax Savings | \$245.39 | \$4,633.30 | Dep Life Ins Child | \$2.66 | \$23.94 |
| Medical Coverage | \$822.48 | \$7,402.32 | Dep Life Ins Spouse | \$17.58 | \$158.22 |
| Supplemental Life Insurance | \$30.68 | \$276.12 | Total: | \$20.24 | \$182.16 |
| Health Care FSA | \$100.00 | \$900.00 | | | |
| Dental Coverage | \$87.08 | \$783.72 | | | |
| Vision Coverage | \$18.56 | \$167.04 | | | |
| State Registration Fees | \$0.00 | \$295.00 | | | |
| Total: | \$1,304.19 | \$14,457.50 | | | |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|-----------------|-------------------|--------------|------------------|-------------|
| Current: | \$6,454.58 | \$5,216.32 | \$182.98 | \$1,324.43 |
| YTD: | \$122,269.44 | \$108,405.31 | \$25,329.81 | \$14,639.66 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|-------------------|
| Checking | Account ending in 4707 | \$4,947.17 |
| Total | | \$4,947.17 |



* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

WACHOVIA

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0064595 |
| Pay Begin Date: | 12/01/2003 | Advice Date: | 12/15/2003 |
| Pay End Date: | 12/15/2003 | | |

| | | | | |
|------------------------|--------------------------------|------------------------|----------------|-----------------|
| Robert Conrad | HR Emplid: 630720 | TAX DATA: | Federal | NJ State |
| 44 Longwood Drive | Department: Cherry Hill | Marital Status: | Married | M-Joint |
| Sicklerville, NJ 08081 | CO/RC: CMC 0840175 | Allowances: | 15 | 10 |
| | Pay Rate: \$0.00 Annual | Addl Pct: | 0.0 | 0.0 |
| | | Addl Amt: | \$0.00 | \$0.00 |

| | |
|-------------------------|--|
| SSN: XXX-XX-1807 | |
|-------------------------|--|

| HOURS AND EARNINGS | | | | | |
|--------------------------------|---------|-------------|-------------------|-------------|---------------------|
| Description | Current | | | YTD * | |
| | Rate | Hours | Earnings | Hours | Earnings |
| Service-Based Flexible Dollars | | | \$33.34 | | \$400.08 |
| Medical Credits | | | \$578.65 | | \$6,943.80 |
| Imputed Income Group Term Life | | | \$65.93 | | \$791.16 |
| Everen IC Electv LKBK** | | | \$1,363.79 | | \$1,363.79 |
| Comm/Pretax Earnings** | | | \$877.88 | | \$1,16,615.19 |
| Key Contributor Vesting** | | | \$0.00 | | \$10,895.31 |
| CMG WS Retention Bonus | | | \$0.00 | | \$6,445.00 |
| Total | | 0.00 | \$2,853.66 | 0.00 | \$142,663.17 |

| TAXES | | | Current | YTD * |
|-----------------|--|--|----------------|--------------------|
| Fed Withholding | | | \$0.00 | \$14,883.56 |
| Fed FICA - MHI | | | \$26.98 | \$1,891.58 |
| Fed OASDI/Dis | | | \$0.00 | \$5,394.00 |
| NJ Unempl EE | | | \$0.00 | \$43.62 |
| NJ NJ HCSF | | | \$0.00 | \$47.80 |
| NJ NJ WFDP | | | \$0.00 | \$5.98 |
| NJ NJ SWAF | | | \$0.00 | \$4.18 |
| NJ Withholding | | | \$20.02 | \$4,257.38 |
| Total | | | \$47.00 | \$26,528.10 |

| BEFORE-TAX DEDUCTIONS | | | AFTER-TAX DEDUCTIONS | | |
|-----------------------------|-------------------|--------------------|----------------------|----------------|-----------------|
| Description | Current | YTD * | Description | Current | YTD * |
| Before-Tax Savings | \$94.15 | \$5,412.73 | Dep Life Ins Child | \$2.66 | \$31.92 |
| Medical Coverage | \$822.48 | \$9,869.76 | Dep Life Ins Spouse | \$17.58 | \$210.96 |
| Supplemental Life Insurance | \$30.68 | \$368.16 | Total: | \$20.24 | \$242.88 |
| Health Care FSA | \$100.00 | \$1,200.00 | | | |
| Dental Coverage | \$87.08 | \$1,044.96 | | | |
| Vision Coverage | \$18.56 | \$222.72 | | | |
| State Registration Fees | \$0.00 | \$295.00 | | | |
| Total: | \$1,152.95 | \$18,413.33 | | | |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|----------------------------|-------------------|-------------|------------------|-------------|
| Current: \$2,853.66 | \$1,766.64 | \$47.00 | \$1,173.19 | \$1,633.47 |
| YTD: \$142,663.17 | \$125,041.00 | \$26,528.10 | \$18,656.21 | \$97,478.86 |

| NET PAY DISTRIBUTION | | |
|----------------------|------------------------|-------------------|
| Checking | Account ending in 4707 | \$1,633.47 |
| Total | | \$1,633.47 |



WACHOVIA

* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0061567 |
| Pay Begin Date: | 08/01/2004 | Advice Date: | 08/13/2004 |
| Pay End Date: | 08/15/2004 | | |

Robert Conrad
 44 Longwood Drive
 Sicklerville, NJ 08081

SSN: XXX-XX-1807

HR Emplid: 630720
 Department: Cherry Hill
 CO/RC: CMC 0840175
 Pay Rate: \$0.00 Annual

| | | |
|-----------------|---------|----------|
| TAX DATA: | Federal | NJ State |
| Marital Status: | Married | M-Joint |
| Allowances: | 15 | 10 |
| Addl Pct: | 0.0 | 0.0 |
| Addl Amt: | \$0.00 | \$0.00 |

HOURS AND EARNINGS

| Description | Current | | YTD * | |
|--------------------------------|---------|-------------|-------------------|--------------------|
| | Rate | Hours | Earnings | Earnings |
| Service-Based Flexible Dollars | | | \$33.34 | \$266.72 |
| Medical Credits | | | \$520.78 | \$4,166.24 |
| Imputed Income Group Term Life | | | \$43.11 | \$344.88 |
| Draw Earnings** | | | \$1,734.00 | \$13,872.00 |
| Comm/Pretax Earnings** | | | \$6,138.49 | \$51,894.75 |
| CMG WS Retention Bonus | | | \$0.00 | \$6,444.55 |
| Total | | 0.00 | \$8,426.61 | \$76,644.26 |

INCLUDED IN TOTAL SALES
 APPEAL (PARA 1) TABLE 2

1972.00
 -0-

TAXES

| | Current | YTD * |
|-----------------|-----------------|--------------------|
| Fed Withholding | \$245.64 | \$5,140.33 |
| Fed FICA - MHI | \$107.49 | \$993.77 |
| Fed OASDI/DIS | \$459.61 | \$4,249.24 |
| NJ Unempl EE | \$0.00 | \$44.35 |
| NJ NJ HCSF | \$0.00 | \$48.60 |
| NJ NJ WFDPA | \$0.00 | \$6.08 |
| NJ NJ SWAF | \$0.00 | \$4.25 |
| NJ Withholding | \$156.38 | \$1,989.39 |
| Total | \$969.12 | \$12,476.01 |

BEFORE-TAX DEDUCTIONS

AFTER-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|-----------------------------|-------------------|--------------------|---------------------|----------------|-----------------|
| Before-Tax Savings | \$330.64 | \$2,762.20 | Dep Life Ins Child | \$2.66 | \$21.28 |
| Medical Coverage | \$836.97 | \$6,695.76 | Dep Life Ins Spouse | \$17.58 | \$140.64 |
| Supplemental Life Insurance | \$21.15 | \$169.20 | Total: | \$20.24 | \$161.92 |
| Health Care FSA | \$100.00 | \$800.00 | | | |
| Dental Coverage | \$79.94 | \$639.52 | | | |
| Vision Coverage | \$18.56 | \$148.48 | | | |
| Total: | \$1,387.26 | \$11,215.16 | | | |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|---------------------|-------------------|-------------|------------------|-------------|
| Current: \$8,426.61 | \$7,082.46 | \$969.12 | \$1,407.50 | \$6,049.99 |
| YTD: \$76,644.26 | \$65,773.98 | \$12,476.01 | \$11,377.08 | \$52,791.17 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|-------------------|
| Checking | Account ending in 4707 | \$6,049.99 |
| Total | | \$6,049.99 |



WACHOVIA

* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

| | | | |
|-----------------|---------------------------|-------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Check#: | 1240536 |
| Pay Begin Date: | 12/16/2004 | Check Date: | 12/31/2004 |
| Pay End Date: | 12/31/2004 | | |

| | | |
|---|---|--|
| Robert Conrad 44 Longwood Drive Sicklerville, NJ 08081 SSN: XXX-XX-1807 | HR Emplid: 630720 Department: Cherry Hill CO/RC: CMC 0840175 Pay Rate: \$0.00 Annual | TAX DATA: Federal: Married NJ State: M-Joint Allowances: 15 Addl Pct: 0.0 Addl Amt: \$0.00 |
|---|---|--|

HOURS AND EARNINGS

| Description | Current | | YTD * | |
|--------------------------------|---------|-------------|---------------|---------------------|
| | Rate | Hours | Earnings | Earnings |
| Disqualifying Disposition ISO | | | \$552.00 | \$552.00 |
| CMG WS Retention Bonus | | | \$0.00 | \$6,444.55 |
| * Commission A/Rate (UL1)** | | | \$0.00 | \$51,894.75 |
| * Draw Earnings (DRW)** | | | \$0.00 | \$15,844.00 |
| Service-Based Flexible Dollars | | | \$0.00 | \$400.08 |
| Medical Credits | | | \$0.00 | \$6,249.36 |
| Imputed Income Group Term Life | | | \$0.00 | \$517.32 |
| * Sick Pay (Sick Time) | | | \$0.00 | \$26,396.13 |
| Total | | 0.00 | \$0.00 | \$107,228.87 |

*INCLUDED IN TOTAL SALES
APPEAL (PARA 1) TABLE 2*

TAXES

| | Current | YTD * |
|-----------------|---------------|--------------------|
| Fed Withholding | \$0.00 | \$5,919.50 |
| NJ Withholding | \$0.00 | \$2,525.68 |
| Total | \$0.00 | \$15,376.73 |

BEFORE-TAX DEDUCTIONS

AFTER-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|-----------------------------|---------------|--------------------|---------------------|---------------|-----------------|
| Before-Tax Savings | \$0.00 | \$4,428.79 | Dep Life Ins Child | \$0.00 | \$31.92 |
| Medical Coverage | \$0.00 | \$10,043.64 | Dep Life Ins Spouse | \$0.00 | \$210.96 |
| Supplemental Life Insurance | \$0.00 | \$253.80 | Total: | \$0.00 | \$242.88 |
| Health Care FSA | \$0.00 | \$1,200.00 | | | |
| Dental Coverage | \$0.00 | \$959.28 | | | |
| Vision Coverage | \$0.00 | \$222.72 | | | |
| Total: | \$0.00 | \$17,108.23 | | | |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|--------------------------|-------------------|-------------|------------------|-------------|
| Current: \$0.00 | \$552.00 | \$0.00 | \$0.00 | \$0.00 |
| YTD: \$107,228.87 | \$91,189.96 | \$15,376.73 | \$17,351.11 | \$74,501.03 |

NET PAY DISTRIBUTION

| | |
|--------------|---------------|
| Total | \$0.00 |
|--------------|---------------|



WACHOVIA

* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0063998 |
| Pay Begin Date: | 11/16/2005 | Advice Date: | 11/30/2005 |
| Pay End Date: | 11/30/2005 | | |

| | | | | |
|-------------------------|-------------------------------------|------------------------|----------------|-----------------|
| Robert Conrad | HR Emplid: 630720 | TAX DATA: | Federal | NJ State |
| 44 Longwood Drive | Department: Cherry Hill | Marital Status: | Married | M-Joint |
| Sicklerville, NJ 08081 | CO/RC: CMC 0840175 | Allowances: | 15 | 10 |
| SSN: XXX-XX-1807 | Pay Rate: \$73,295.97 Annual | Addl Pct: | 0.0 | 0.0 |
| | | Addl Amt: | \$0.00 | \$0.00 |

HOURS AND EARNINGS

| Description | Current | | | YTD * | |
|--------------------------------|---------|-------------|-----------------|-------------|--------------------|
| | Rate | Hours | Earnings | Hours | Earnings |
| Regular Earnings | | | \$916.19 | | \$916.19 |
| Zero Pay (Sick Time) | | | \$2,137.92 | | \$2,137.92 |
| Service-Based Flexible Dollars | | | \$0.00 | | \$41.66 |
| Medical Credits | | | \$0.00 | | \$562.44 |
| Imputed Income Group Term Life | | | \$0.00 | | \$32.61 |
| Other Special Compensation | | | \$0.00 | | \$50.00 |
| CMG WS Retention Bonus | | | \$0.00 | | \$6,444.55 |
| Sick Pay (Sick Time) | | | \$0.00 | | \$7,618.51 |
| Commission A/Rate (UL1*)** | | | \$0.00 | | \$10,024.32 |
| Total | | 0.00 | \$916.19 | 0.00 | \$25,657.67 |

TAXES

| | Current | YTD * |
|---------------------------|----------------|-------------------|
| Fed Withholding | \$0.00 | \$1,659.45 |
| Fed FICA - MHI | \$13.29 | \$356.59 |
| Fed OASDI/Dis | \$56.80 | \$1,524.72 |
| NJ Unempl EE | \$0.60 | \$95.24 |
| NJ NJ HCSF | \$0.00 | \$0.00 |
| NJ NJ WFDP | \$0.04 | \$6.23 |
| NJ NJ SWAF | \$0.03 | \$4.36 |
| NJ Withholding | \$6.67 | \$447.41 |
| NJ MMLIPAF-EE Withholding | \$0.00 | \$3.00 |
| Total | \$77.43 | \$4,097.00 |

BEFORE-TAX DEDUCTIONS

AFTER-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|-----------------------------|----------------|-------------------|---------------------|---------------|----------------|
| Before-Tax Savings | \$54.97 | \$560.96 | Dep Life Ins Child | \$0.00 | \$2.66 |
| Medical Coverage | \$0.00 | \$864.58 | Dep Life Ins Spouse | \$0.00 | \$17.58 |
| Supplemental Life Insurance | \$0.00 | \$12.86 | Total: | \$0.00 | \$20.24 |
| Health Care FSA | \$0.00 | \$100.00 | | | |
| Dental Coverage | \$0.00 | \$97.98 | | | |
| Vision Coverage | \$0.00 | \$22.55 | | | |
| Total: | \$54.97 | \$1,658.93 | | | |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY | |
|-------------|-------------------|-------------|------------------|------------|-------------|
| Current: | \$916.19 | \$861.22 | \$77.43 | \$54.97 | \$783.79 |
| YTD: | \$25,657.67 | \$24,031.35 | \$4,097.00 | \$1,679.17 | \$19,881.50 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|-----------------|
| Checking | Account ending in 4707 | \$783.79 |
| Total | | \$783.79 |



* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0063490 |
| Pay Begin Date: | 12/16/2005 | | |
| Pay End Date: | 12/31/2005 | Advice Date: | 12/30/2005 |

| | | | |
|--|--|--|--|
| Robert Conrad 44 Longwood Drive Sickerville, NJ 08081 SSN: XXX-XX-1807 | HR Emplid: 630720 Department: Cherry Hill CO/RC: CMC 0840175 Pay Rate: \$73,295.97 Annual | TAX DATA: Marital Status: Married Allowances: 15 Addl Pct: 0.0 Addl Amt: \$0.00 | Federal: NJ State: M-Joint 10 0.0 \$0.00 |
|--|--|--|--|

HOURS AND EARNINGS

| Description | Current | | YTD * | |
|--------------------------------|---------|-------------|-------------|--------------------|
| | Rate | Hours | Hours | Earnings |
| Regular Earnings | | | | \$2,748.59* |
| Zero Pay (Sick Time) | | | | \$6,413.52 |
| Service-Based Flexible Dollars | | | | \$41.66 |
| Medical Credits | | | | \$562.44 |
| Other Special Compensation | | | | \$50.00 |
| CMG WS Retention Bonus | | | | \$6,444.55 |
| Net Pay Adjustment | | | | \$770.31 |
| Imputed Income Group Term Life | | | | \$230.10 |
| Sick Pay (Sick Time) | | | | \$6,701.96* |
| Commission A/Rate (UL1*)** | | | | \$11,088.94* |
| Total | | 0.00 | 0.00 | \$28,408.45 |

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+ LTD

TAXES

| | Current | YTD * |
|---------------------------|----------------|-------------------|
| Fed Withholding | \$0.00 | \$1,659.45 |
| Fed FICA - MHI | \$16.15 | \$388.17 |
| Fed OASDI/Dis | \$69.05 | \$1,659.76 |
| NJ Unempl EE | \$0.00 | \$91.73 |
| NJ NJ HCSF | \$0.00 | \$0.00 |
| NJ NJ WFDP | \$0.00 | \$5.99 |
| NJ NJ SWAF | \$0.00 | \$4.20 |
| NJ Withholding | \$6.67 | \$446.32 |
| NJ MMLIPAF-EE Withholding | \$0.00 | \$3.00 |
| Total | \$91.87 | \$4,258.62 |

BEFORE-TAX DEDUCTIONS

AFTER-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|-----------------------------|----------------|-------------------|---------------------|---------------|----------------|
| Before-Tax Savings | \$54.97 | \$660.63 | Net Pay Adjustment | \$0.00 | \$0.00 |
| Medical Coverage | \$0.00 | \$864.58 | Dep Life Ins Child | \$0.00 | \$2.66 |
| Supplemental Life Insurance | \$0.00 | \$12.86 | Dep Life Ins Spouse | \$0.00 | \$17.58 |
| Health Care FSA | \$0.00 | \$100.00 | Total: | \$0.00 | \$20.24 |
| Dental Coverage | \$0.00 | \$97.98 | | | |
| Vision Coverage | \$0.00 | \$22.55 | | | |
| Total: | \$54.97 | \$1,758.60 | | | |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|--------------------------|-------------------|-------------|------------------|-------------|
| Current: \$916.20 | \$861.23 | \$91.87 | \$54.97 | \$769.36 |
| YTD: \$28,408.45 | \$26,109.64 | \$4,258.62 | \$1,778.84 | \$22,370.99 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|-----------------|
| Checking | Account ending in 4707 | \$769.36 |
| Total | | \$769.36 |



WACHOVIA

* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0069207 |
| Pay Begin Date: | 12/01/2005 | | |
| Pay End Date: | 12/15/2005 | Advice Date: | 12/15/2005 |

| | | | | |
|---|--|--|--|---|
| Robert Conrad 44 Longwood Drive Sicklerville, NJ 08081 SSN: XXX-XX-1807 | HR Emplid: 630720 Department: Cherry Hill CO/RC: CMC 0840175 Pay Rate: \$73,295.97 Annual | TAX DATA: Marital Status: Married Allowances: 15 Addl Pct: 0.0 Addl Amt: \$0.00 | Federal Married 15 0.0 \$0.00 | NJ State M-Joint 10 0.0 \$0.00 |
|---|--|--|--|---|

HOURS AND EARNINGS

| Description | Current | | YTD * | |
|--------------------------------|---------|-------------|-------------------|--------------------|
| | Rate | Hours | Earnings | Earnings |
| Regular Earnings | | | \$916.20 | \$2,748.59 |
| Zero Pay (Sick Time) | | | \$2,137.80 | \$6,413.52 |
| Commission A/Rate (UL1*)** | | | \$1,064.62 | \$11,088.94 |
| Service-Based Flexible Dollars | | | \$0.00 | \$41.66 |
| Medical Credits | | | \$0.00 | \$562.44 |
| Other Special Compensation | | | \$0.00 | \$50.00 |
| CMG WS Retention Bonus | | | \$0.00 | \$6,444.55 |
| Net Pay Adjustment | | | \$0.00 | \$770.31 |
| Imputed Income Group Term Life | | | \$0.00 | \$230.10 |
| Sick Pay (Sick Time) | | | \$0.00 | \$6,701.96 |
| Total | | 0.00 | \$1,980.82 | \$28,408.45 |

TAXES

| | Current | YTD * |
|---------------------------|-----------------|-------------------|
| Fed Withholding | \$0.00 | \$1,659.45 |
| Fed FICA - MHI | \$28.72 | \$388.17 |
| Fed OASDI/Dis | \$122.81 | \$1,659.76 |
| NJ Unempl EE | \$0.00 | \$91.73 |
| NJ NJ HCSF | \$0.00 | \$0.00 |
| NJ NJ WFDP | \$0.00 | \$5.99 |
| NJ NJ SWAF | \$0.00 | \$4.20 |
| NJ Withholding | \$9.47 | \$446.32 |
| NJ MMLIPAF-EE Withholding | \$0.00 | \$3.00 |
| Total | \$161.00 | \$4,258.62 |

BEFORE-TAX DEDUCTIONS

AFTER-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|-----------------------------|----------------|-------------------|---------------------|---------------|----------------|
| Before-Tax Savings | \$99.69 | \$660.63 | Net Pay Adjustment | \$0.00 | \$0.00 |
| Medical Coverage | \$0.00 | \$864.58 | Dep Life Ins Child | \$0.00 | \$2.66 |
| Supplemental Life Insurance | \$0.00 | \$12.86 | Dep Life Ins Spouse | \$0.00 | \$17.58 |
| Health Care FSA | \$0.00 | \$100.00 | Total: | \$0.00 | \$20.24 |
| Dental Coverage | \$0.00 | \$97.98 | | | |
| Vision Coverage | \$0.00 | \$22.55 | | | |
| Total: | \$99.69 | \$1,758.60 | | | |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|----------------------------|-------------------|-------------|------------------|-------------|
| Current: \$1,980.82 | \$1,881.13 | \$161.00 | \$99.69 | \$1,720.13 |
| YTD: \$28,408.45 | \$26,109.64 | \$4,258.62 | \$1,778.84 | \$22,370.99 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|-------------------|
| Checking | Account ending in 4707 | \$1,720.13 |
| Total | | \$1,720.13 |



* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0063490 |
| Pay Begin Date: | 12/16/2005 | | |
| Pay End Date: | 12/31/2005 | Advice Date: | 12/30/2005 |

| | | | |
|---|--|--|--|
| Robert Conrad 44 Longwood Drive Sicklerville, NJ 08081 SSN: XXX-XX-1807 | HR Emplid: 630720 Department: Cherry Hill CO/RC: CMC 0840175 Pay Rate: \$73,295.97 Annual | TAX DATA: Marital Status: Married Allowances: 15 Addl Pct: 0.0 Addl Amt: \$0.00 | Federal NJ State M-Joint 10 0.0 \$0.00 |
|---|--|--|--|

HOURS AND EARNINGS

| Description | Current | | | YTD * | |
|--------------------------------|---------|-------------|-----------------|-------------|--------------------|
| | Rate | Hours | Earnings | Hours | Earnings |
| Regular Earnings | | | \$916.20 | | \$2,748.59 |
| Zero Pay (Sick Time) | | | \$2,137.80 | | \$6,413.52 |
| Service-Based Flexible Dollars | | | \$0.00 | | \$41.66 |
| Medical Credits | | | \$0.00 | | \$562.44 |
| Other Special Compensation | | | \$0.00 | | \$50.00 |
| CMG WS Retention Bonus | | | \$0.00 | | \$6,444.55 |
| Net Pay Adjustment | | | \$0.00 | | \$770.31 |
| Imputed Income Group Term Life | | | \$0.00 | | \$230.10 |
| Sick Pay (Sick Time) | | | \$0.00 | | \$6,701.96 |
| Commission A/Rate (UL1*)** | | | \$0.00 | | \$11,088.94 |
| Total | | 0.00 | \$916.20 | 0.00 | \$28,408.45 |

TAXES

| Description | Current | YTD * |
|---------------------------|----------------|-------------------|
| | | |
| Fed Withholding | \$0.00 | \$1,659.45 |
| Fed FICA - MHI | \$16.15 | \$388.17 |
| Fed OASDI/Dis | \$69.05 | \$1,659.76 |
| NJ Unempl EE | \$0.00 | \$91.73 |
| NJ NJ HCSF | \$0.00 | \$0.00 |
| NJ NJ WFDP | \$0.00 | \$5.99 |
| NJ NJ SWAF | \$0.00 | \$4.20 |
| NJ Withholding | \$6.67 | \$446.32 |
| NJ MMLIPAF-EE Withholding | \$0.00 | \$3.00 |
| Total | \$91.87 | \$4,258.62 |

BEFORE-TAX DEDUCTIONS

AFTER-TAX DEDUCTIONS

| Description | BEFORE-TAX DEDUCTIONS | | Description | AFTER-TAX DEDUCTIONS | |
|-----------------------------|-----------------------|-------------------|---------------------|----------------------|----------------|
| | Current | YTD * | | Current | YTD * |
| Before-Tax Savings | \$54.97 | \$660.63 | Net Pay Adjustment | \$0.00 | \$0.00 |
| Medical Coverage | \$0.00 | \$864.58 | Dep Life Ins Child | \$0.00 | \$2.66 |
| Supplemental Life Insurance | \$0.00 | \$12.86 | Dep Life Ins Spouse | \$0.00 | \$17.58 |
| Health Care FSA | \$0.00 | \$100.00 | Total: | \$0.00 | \$20.24 |
| Dental Coverage | \$0.00 | \$97.98 | | | |
| Vision Coverage | \$0.00 | \$22.55 | | | |
| Total: | \$54.97 | \$1,758.60 | | | |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|--------------------------|-------------------|-------------|------------------|-------------|
| Current: \$916.20 | \$861.23 | \$91.87 | \$54.97 | \$769.36 |
| YTD: \$28,408.45 | \$26,109.64 | \$4,258.62 | \$1,778.84 | \$22,370.99 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|-----------------|
| Checking | Account ending in 4707 | \$769.36 |
| Total | | \$769.36 |



* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0005834 |
| Pay Begin Date: | 01/01/2006 | | |
| Pay End Date: | 01/15/2006 | Advice Date: | 01/13/2006 |

Robert Conrad
 44 Longwood Drive
 Sicklerville, NJ 08081

HR Emplid: 630720
 Department: Cherry Hill
 CO/RC: CMC 0840175
 Pay Rate: \$73,295.97 Annual

SSN: XXX-XX-1807

| | | |
|------------------|----------------|-----------------|
| TAX DATA: | <u>Federal</u> | <u>NJ State</u> |
| Marital Status: | Married | M-Joint |
| Allowances: | 15 | 10 |
| Addl Pct: | 0.0 | 0.0 |
| Addl Amt: | \$0.00 | \$0.00 |

HOURS AND EARNINGS

| Description | Current | | YTD * | |
|----------------------------|---------|-------------|-------------------|-------------------|
| | Rate | Hours | Earnings | Earnings |
| Regular Earnings | | | \$916.20 | \$1,832.40 |
| Zero Pay (Sick Time) | | | \$2,137.80 | \$4,275.60 |
| Commission A/Rate (UL1*)** | | | \$766.64 | \$766.64 |
| Total | | 0.00 | \$1,682.84 | \$2,599.04 |

TAXES

| | Current | YTD * |
|---------------------------|-----------------|-----------------|
| Fed Withholding | \$0.00 | \$0.00 |
| Fed FICA - MHI | \$24.40 | \$37.69 |
| Fed OASDI/Dis | \$104.34 | \$161.14 |
| NJ Unempl EE | \$6.44 | \$9.94 |
| NJ NJ HCSF | \$0.00 | \$0.00 |
| NJ NJ WFDP | \$0.42 | \$0.65 |
| NJ NJ SWAF | \$0.29 | \$0.45 |
| NJ Withholding | \$6.78 | \$13.45 |
| NJ MMLIPAF-EE Withholding | \$3.00 | \$3.00 |
| Total | \$145.67 | \$226.32 |

BEFORE-TAX DEDUCTIONS

AFTER-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|--------------------|----------------|-----------------|---------------|---------|--------|
| Before-Tax Savings | \$87.17 | \$142.14 | Total: | \$0.00 | \$0.00 |
| Total: | \$87.17 | \$142.14 | | | |

| | TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|----------|-------------|-------------------|-------------|------------------|------------|
| Current: | \$1,682.84 | \$1,595.67 | \$145.67 | \$87.17 | \$1,450.00 |
| YTD: | \$2,599.04 | \$2,456.90 | \$226.32 | \$142.14 | \$2,230.58 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|-------------------|
| Checking | Account ending in 4707 | \$1,450.00 |
| Total | | \$1,450.00 |



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* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0007897 |
| Pay Begin Date: | 01/16/2006 | | |
| Pay End Date: | 01/31/2006 | Advice Date: | 01/31/2006 |

| | | |
|---|--|--|
| Robert Conrad 44 Longwood Drive Sicklerville, NJ 08081 SSN: XXX-XX-1807 | HR Emplid: 630720 Department: Cherry Hill CO/RC: CMC 0840175 Pay Rate: \$73,295.97 Annual | TAX DATA: Marital Status: Married Allowances: 15 Addl Pct: 0.0 Addl Amt: \$0.00 |
|---|--|--|

| HOURS AND EARNINGS | | | | | |
|--------------------|--|--|--|--|--|
|--------------------|--|--|--|--|--|

| Description | Current | | | YTD * | |
|----------------------------|---------|-------------|-----------------|-------------|-------------------|
| | Rate | Hours | Earnings | Hours | Earnings |
| Regular Earnings | | | \$916.20 | | \$1,832.40 |
| Zero Pay (Sick Time)† | | | \$2,137.80 | | \$4,275.60 |
| Commission A/Rate (UL1*)** | | | \$0.00 | | \$766.64 |
| Total | | 0.00 | \$916.20 | 0.00 | \$2,599.04 |

† Imputed Income: Imputed earnings value which is taxable, but not added to gross earnings.

| TAXES | | | |
|-------|--|--|--|
|-------|--|--|--|

| | Current | YTD * |
|---------------------------|----------------|-----------------|
| Fed Withholding | \$0.00 | \$0.00 |
| Fed FICA - MHI | \$13.29 | \$37.69 |
| Fed OASDI/Dis | \$56.80 | \$161.14 |
| NJ Unempl EE | \$3.50 | \$9.94 |
| NJ NJ HCSF | \$0.00 | \$0.00 |
| NJ NJ WFDP | \$0.23 | \$0.65 |
| NJ NJ SWAF | \$0.16 | \$0.45 |
| NJ Withholding | \$6.67 | \$13.45 |
| NJ MMLIPAF-EE Withholding | \$0.00 | \$3.00 |
| Total | \$80.65 | \$226.32 |

| BEFORE-TAX DEDUCTIONS | | | AFTER-TAX DEDUCTIONS | | |
|-----------------------|--|--|----------------------|--|--|
|-----------------------|--|--|----------------------|--|--|

| Description | Current | YTD * | Description | Current | YTD * |
|--------------------|----------------|-----------------|---------------|---------|--------|
| Before-Tax Savings | \$54.97 | \$142.14 | Total: | \$0.00 | \$0.00 |
| Total: | \$54.97 | \$142.14 | | | |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|--------------------------|-------------------|-------------|------------------|------------|
| Current: \$916.20 | \$861.23 | \$80.65 | \$54.97 | \$780.58 |
| YTD: \$2,599.04 | \$2,456.90 | \$226.32 | \$142.14 | \$2,230.58 |

| NET PAY DISTRIBUTION | | | |
|----------------------|--|--|--|
|----------------------|--|--|--|

| | | |
|--------------|------------------------|-----------------|
| Checking | Account ending in 4707 | \$780.58 |
| Total | | \$780.58 |



WACHOVIA

* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional SEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0009836 |
| Pay Begin Date: | 02/01/2006 | Advice Date: | 02/15/2006 |
| Pay End Date: | 02/15/2006 | | |

Robert Conrad
 44 Longwood Drive
 Sicklerville, NJ 08081

HR Emplid: 630720
 Department: Cherry Hill
 CO/RC: CMC 0840175
 Pay Rate: \$73,295.97 Annual

SSN: XXX-XX-1807

| | | |
|------------------|----------------|-----------------|
| TAX DATA: | <u>Federal</u> | <u>NJ State</u> |
| Marital Status: | Married | M-Joint |
| Allowances: | 0 | 10 |
| Addl Pct: | 0.0 | 0.0 |
| Addl Amt: | \$0.00 | \$0.00 |

HOURS AND EARNINGS

| Description | Current | | YTD * | |
|----------------------------------|---------|-------------|--------------------|--------------------|
| | Rate | Hours | Earnings | Earnings |
| Regular Earnings | | | \$916.20 | \$3,664.80 |
| Zero Pay (Sick Time) | | | \$2,137.80 | \$8,551.20 |
| Defpayout-Broker Vol. Plan PCG** | | | \$16,584.97 | \$16,584.97 |
| Commission A/Rate (UL1*)** | | | \$2,675.09 | \$3,441.73 |
| Total | | 0.00 | \$20,176.26 | \$23,691.50 |

TAXES

| | Current | YTD * |
|---------------------------|-------------------|-------------------|
| Fed Withholding | \$0.00 | \$0.00 |
| Fed FICA - MHI | \$292.55 | \$343.53 |
| Fed OASDI/Dis | \$1,250.93 | \$1,468.87 |
| NJ Unempl EE | \$77.18 | \$90.62 |
| NJ NJ HCSF | \$0.00 | \$0.00 |
| NJ NJ WFDP | \$5.04 | \$5.92 |
| NJ NJ SWAF | \$3.54 | \$4.15 |
| NJ Withholding | \$986.34 | \$1,006.46 |
| NJ MMLIPAF-EE Withholding | \$0.00 | \$3.00 |
| Total | \$2,615.58 | \$2,922.55 |

BEFORE-TAX DEDUCTIONS

AFTER-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|--------------------|-----------------|-------------------|---------------|---------|--------|
| Before-Tax Savings | \$863.89 | \$1,061.00 | Total: | \$0.00 | \$0.00 |
| Total: | \$863.89 | \$1,061.00 | | | |

| | TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|-----------------|-------------|-------------------|-------------|------------------|-------------|
| Current: | \$20,176.26 | \$19,312.37 | \$2,615.58 | \$863.89 | \$16,696.79 |
| YTD: | \$23,691.50 | \$22,630.50 | \$2,922.55 | \$1,061.00 | \$19,707.95 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|--------------------|
| Checking | Account ending in 4707 | \$16,696.79 |
| Total | | \$16,696.79 |



WACHOVIA

* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0010083 |
| Pay Begin Date: | 02/16/2006 | | |
| Pay End Date: | 02/28/2006 | Advice Date: | 02/28/2006 |

| | | |
|---|--|---|
| Robert Conrad 44 Longwood Drive Sicklerville, NJ 08081 SSN: XXX-XX-1807 | HR Emplid: 630720 Department: Cherry Hill CO/RC: CMC 0840175 Pay Rate: \$73,295.97 Annual | TAX DATA: Marital Status: Married Allowances: 0 Addl Pct: 0.0 Addl Amt: \$0.00 |
|---|--|---|

HOURS AND EARNINGS

| Description | Current | | | YTD * | |
|----------------------------------|---------|-------------|-----------------|-------------|--------------------|
| | Rate | Hours | Earnings | Hours | Earnings |
| Regular Earnings | | | \$916.20 | | \$3,664.80 |
| Zero Pay (Sick Time)† | | | \$2,137.80 | | \$8,551.20 |
| Defpayout-Broker Vol. Plan PCG** | | | \$0.00 | | \$16,584.97 |
| Commission A/Rate (UL1*)** | | | \$0.00 | | \$3,441.73 |
| Total | | 0.00 | \$916.20 | 0.00 | \$23,691.50 |

† Imputed Income: Imputed earnings value which is taxable, but not added to gross earnings.

TAXES

| | Current | YTD * |
|---------------------------|----------------|-------------------|
| Fed Withholding | \$0.00 | \$0.00 |
| Fed FICA - MHI | \$13.29 | \$343.53 |
| Fed OASDI/Dis | \$56.80 | \$1,468.87 |
| NJ Unempl EE | \$3.50 | \$90.62 |
| NJ NJ HCSF | \$0.00 | \$0.00 |
| NJ NJ WFDP | \$0.23 | \$5.92 |
| NJ NJ SWAF | \$0.16 | \$4.15 |
| NJ Withholding | \$6.67 | \$1,006.46 |
| NJ MMLIPAF-EE Withholding | \$0.00 | \$3.00 |
| Total | \$80.65 | \$2,912.55 |

BEFORE-TAX DEDUCTIONS AFTER-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|--------------------|----------------|-------------------|---------------|---------|--------|
| Before-Tax Savings | \$54.97 | \$1,061.00 | Total: | \$0.00 | \$0.00 |
| Total: | \$54.97 | \$1,061.00 | | | |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|--------------------------|-------------------|-------------|------------------|-------------|
| Current: \$916.20 | \$861.23 | \$80.65 | \$54.97 | \$780.58 |
| YTD: \$23,691.50 | \$22,630.50 | \$2,922.55 | \$1,061.00 | \$19,707.95 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|-----------------|
| Checking | Account ending in 4707 | \$780.58 |
| Total | | \$780.58 |



WACHOVIA

* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional SEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0104046 |
| Pay Begin Date: | 03/01/2006 | Advice Date: | 03/15/2006 |
| Pay End Date: | 03/15/2006 | | |

Robert Conrad
 44 Longwood Drive
 Sicklerville, NJ 08081

HR Emplid: 630720
 Department: Cherry Hill
 CO/RC: CMC 0840175
 Pay Rate: \$73,295.97 Annual

SSN: XXX-XX-1807

| | | |
|-----------------|---------|----------|
| TAX DATA: | Federal | NJ State |
| Marital Status: | Married | M-Joint |
| Allowances: | 10 | 10 |
| Addl Pct: | 0.0 | 0.0 |
| Addl Amt: | \$0.00 | \$0.00 |

HOURS AND EARNINGS

| Description | Current | | | YTD * | |
|-----------------------------------|---------|-------------|-------------------|-------------|--------------------|
| | Rate | Hours | Earnings | Hours | Earnings |
| Regular Earnings | | | \$916.20 | | \$5,497.20 |
| Zero Pay (Sick Time) | | | \$2,137.80 | | \$12,826.80 |
| Commission A/Rate (UL1*)** | | | \$3,493.26 | | \$6,934.99 |
| Def payout-Broker Vol. Plan PCG** | | | \$0.00 | | \$16,584.97 |
| Total | | 0.00 | \$4,409.46 | 0.00 | \$29,017.16 |

TAXES

| | Current | YTD * |
|---------------------------|-----------------|-------------------|
| Fed Withholding | \$0.00 | \$0.00 |
| Fed FICA - MHI | \$63.93 | \$420.75 |
| Fed OASDI/Dis | \$273.39 | \$1,799.06 |
| NJ Unempl EE | \$8.07 | \$98.69 |
| NJ NJ HCSF | \$0.00 | \$0.00 |
| NJ NJ WFDP | \$0.53 | \$6.45 |
| NJ NJ SWAF | \$0.37 | \$4.52 |
| NJ Withholding | \$42.80 | \$1,054.69 |
| NJ MMLIPAF-EE Withholding | \$0.00 | \$3.00 |
| Total | \$389.09 | \$3,387.16 |

BEFORE-TAX DEDUCTIONS

AFTER-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|--------------------|-----------------|-------------------|---------------|---------|--------|
| Before-Tax Savings | \$504.22 | \$1,702.65 | Total: | \$0.00 | \$0.00 |
| Total: | \$504.22 | \$1,702.65 | | | |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|-----------------|-------------------|-------------|------------------|------------|
| Current: | \$4,409.46 | \$3,905.24 | \$389.09 | \$504.22 |
| YTD: | \$29,017.16 | \$27,314.51 | \$3,387.16 | \$1,702.65 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|-------------------|
| Checking | Account ending in 4707 | \$3,516.15 |
| Total | | \$3,516.15 |



WACHOVIA

* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0011818 |
| Pay Begin Date: | 03/16/2006 | | |
| Pay End Date: | 03/31/2006 | Advice Date: | 03/31/2006 |

| | | | | |
|---|--|--|---|--|
| Robert Conrad 44 Longwood Drive Sicklerville, NJ 08081 SSN: XXX-XX-1807 | HR Emplid: 630720 Department: Cherry Hill CO/RC: CMC 0840175 Pay Rate: \$73,295.97 Annual | TAX DATA: Marital Status: Married Allowances: 10 Addl Pct: 0.0 Addl Amt: \$0.00 | Federal M-Joint 10 0.0 \$0.00 | NJ State M-Joint 10 0.0 \$0.00 |
|---|--|--|---|--|

HOURS AND EARNINGS

| Description | Current | | | YTD * | |
|----------------------------------|---------|-------------|-----------------|-------------|--------------------|
| | Rate | Hours | Earnings | Hours | Earnings |
| Regular Earnings | | | \$916.20 | | \$5,497.20 |
| Zero Pay (Sick Time) | | | \$2,137.80 | | \$12,826.80 |
| Defpayout-Broker Vol. Plan PCG** | | | \$0.00 | | \$16,584.97 |
| Commission A/Rate (UL1*)** | | | \$0.00 | | \$6,934.99 |
| Total | | 0.00 | \$916.20 | 0.00 | \$29,017.16 |

TAXES

| | Current | YTD * |
|---------------------------|----------------|-------------------|
| Fed Withholding | \$0.00 | \$0.00 |
| Fed FICA - MHI | \$13.29 | \$420.75 |
| Fed OASDI/Dis | \$56.80 | \$1,799.06 |
| NJ Unempl EE | \$0.00 | \$98.69 |
| NJ NJ HCSF | \$0.00 | \$0.00 |
| NJ NJ WFDP | \$0.00 | \$6.45 |
| NJ NJ SWAF | \$0.00 | \$4.52 |
| NJ Withholding | \$5.43 | \$1,054.69 |
| NJ MMLIPAF-EE Withholding | \$0.00 | \$3.00 |
| Total | \$75.52 | \$3,387.16 |

BEFORE-TAX DEDUCTIONS

AFTER-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|--------------------|-----------------|-------------------|---------------|---------|--------|
| Before-Tax Savings | \$137.43 | \$1,702.65 | Total: | \$0.00 | \$0.00 |
| Total: | \$137.43 | \$1,702.65 | | | |

TOTAL GROSS

FED TAXABLE GROSS

TOTAL TAXES

TOTAL DEDUCTIONS

NET PAY

| | | | | | |
|-----------------|-------------|-------------|------------|------------|-------------|
| Current: | \$916.20 | \$778.77 | \$75.52 | \$137.43 | \$703.25 |
| YTD: | \$29,017.16 | \$27,314.51 | \$3,387.16 | \$1,702.65 | \$23,927.35 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|-----------------|
| Checking | Account ending in 4707 | \$703.25 |
| Total | | \$703.25 |



* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional SEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0012963 |
| Pay Begin Date: | 04/01/2006 | Advice Date: | 04/14/2006 |
| Pay End Date: | 04/15/2006 | | |

Robert Conrad
 44 Longwood Drive
 Sicklerville, NJ 08081
 SSN: XXX-XX-1807

HR Emplid: 630720
 Department: Cherry Hill
 CO/RC: CMC 0840175
 Pay Rate: \$73,295.97 Annual

| | | |
|------------------|----------------|-----------------|
| TAX DATA: | <u>Federal</u> | <u>NJ State</u> |
| Marital Status: | Married | M-Joint |
| Allowances: | 10 | 10 |
| Addl Pct: | 0.0 | 0.0 |
| Addl Amt: | \$0.00 | \$0.00 |

HOURS AND EARNINGS

| Description | Current | | YTD * | |
|----------------------------------|---------|-------------|-------------|--------------------|
| | Rate | Hours | Hours | Earnings |
| Regular Earnings | | | | \$7,329.60 |
| Zero Pay (Sick Time) | | | | \$17,102.40 |
| Commission A/Rate (UL1*)** | | | | \$14,198.42 |
| Defpayout-Broker Vol. Plan PCG** | | | | \$16,584.97 |
| Total | | 0.00 | 0.00 | \$38,112.99 |

TAXES

| Description | Current | YTD * |
|---------------------------|-------------------|-------------------|
| | | |
| Fed Withholding | \$395.04 | \$395.04 |
| Fed FICA - MHI | \$118.60 | \$552.64 |
| Fed OASDI/Dis | \$507.14 | \$2,363.01 |
| NJ Unempl EE | \$0.00 | \$98.69 |
| NJ NJ HCSF | \$0.00 | \$0.00 |
| NJ NJ WFDP | \$0.00 | \$6.45 |
| NJ NJ SWAF | \$0.00 | \$4.52 |
| NJ Withholding | \$120.51 | \$1,180.63 |
| NJ MMLIPAF-EE Withholding | \$0.00 | \$3.00 |
| Total | \$1,141.29 | \$4,603.98 |

BEFORE-TAX DEDUCTIONS

AFTER-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|--------------------|-----------------|-------------------|---------------|---------|--------|
| Before-Tax Savings | \$900.09 | \$2,740.17 | Total: | \$0.00 | \$0.00 |
| Total: | \$900.09 | \$2,740.17 | | | |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|-----------------|-------------------|-------------|------------------|-------------|
| Current: | \$8,179.63 | \$7,279.54 | \$1,141.29 | \$900.09 |
| YTD: | \$38,112.99 | \$35,372.82 | \$4,603.98 | \$2,740.17 |
| | | | | \$6,138.25 |
| | | | | \$30,768.84 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|-------------------|
| Checking | Account ending in 4707 | \$6,138.25 |
| Total | | \$6,138.25 |



WACHOVIA

* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0012926 |
| Pay Begin Date: | 04/16/2006 | | |
| Pay End Date: | 04/30/2006 | Advice Date: | 04/28/2006 |

Robert Conrad
 44 Longwood Drive
 Sicklerville, NJ 08081

HR Emplid: 630720
Department: Cherry Hill
CO/RC: CMC 0840175
Pay Rate: \$73,295.97 Annual

| | | |
|------------------------|----------------|-----------------|
| TAX DATA: | <u>Federal</u> | <u>NJ State</u> |
| Marital Status: | Married | M-Joint |
| Allowances: | 10 | 10 |
| Addl Pct: | 0.0 | 0.0 |
| Addl Amt: | \$0.00 | \$0.00 |

SSN: XXX-XX-1807

HOURS AND EARNINGS

| Description | Current | | YTD * | |
|----------------------------------|---------|-------------|-----------------|--------------------|
| | Rate | Hours | Earnings | Earnings |
| Regular Earnings | | | \$916.20 | \$7,329.60 |
| Zero Pay (Sick Time)† | | | \$2,137.80 | \$17,102.40 |
| Defpayout-Broker Vol. Plan PCG** | | | \$0.00 | \$16,584.97 |
| Commission A/Rate (UL1*)** | | | \$0.00 | \$14,198.42 |
| Total | | 0.00 | \$916.20 | \$38,112.99 |

† Imputed Income: Imputed earnings value which is taxable, but not added to gross earnings.

TAXES

| | Current | YTD * |
|---------------------------|----------------|-------------------|
| Fed Withholding | \$0.00 | \$395.04 |
| Fed FICA - MHI | \$13.29 | \$552.64 |
| Fed OASDI/Dis | \$56.81 | \$2,563.01 |
| NJ Unempl EE | \$0.00 | \$98.69 |
| NJ NJ HCSF | \$0.00 | \$0.00 |
| NJ NJ WFDPA | \$0.00 | \$6.45 |
| NJ NJ SWAF | \$0.00 | \$4.52 |
| NJ Withholding | \$5.43 | \$1,180.63 |
| NJ MMLIPAF-EE Withholding | \$0.00 | \$3.00 |
| Total | \$75.53 | \$4,603.98 |

BEFORE-TAX DEDUCTIONS

AFTER-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|--------------------|-----------------|-------------------|---------------|---------|--------|
| Before-Tax Savings | \$137.43 | \$2,740.17 | Total: | \$0.00 | \$0.00 |
| Total: | \$137.43 | \$2,740.17 | | | |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|--------------------------|-------------------|-------------|------------------|-------------|
| Current: \$916.20 | \$778.77 | \$75.53 | \$137.43 | \$703.24 |
| YTD: \$38,112.99 | \$35,372.82 | \$4,603.98 | \$2,740.17 | \$30,768.84 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|-----------------|
| Checking | Account ending in 4707 | \$703.24 |
| Total | | \$703.24 |



WACHOVIA

* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0014240 |
| Pay Begin Date: | 05/01/2006 | | |
| Pay End Date: | 05/15/2006 | Advice Date: | 05/15/2006 |

| | | | | |
|---|--|--|--|---|
| Robert Conrad 44 Longwood Drive Sicklerville, NJ 08081 SSN: XXX-XX-1807 | HR Emplid: 630720 Department: Cherry Hill CO/RC: CMC 0840175 Pay Rate: \$73,295.97 Annual | TAX DATA: Marital Status: Married Allowances: 10 Addl Pct: 0.0 Addl Amt: \$0.00 | Federal Married 10 0.0 \$0.00 | NJ State M-Joint 10 0.0 \$0.00 |
|---|--|--|--|---|

HOURS AND EARNINGS

| Description | Current | | YTD * | |
|----------------------------------|---------|-------------|-------------|-------------------|
| | Rate | Hours | Hours | Earnings |
| Regular Earnings | | | | \$916.20 |
| Zero Pay (Sick Time) | | | | \$2,137.80 |
| Commission A/Rate (UL1*)** | | | | \$2,965.84 |
| Defpayout-Broker Vol. Plan PCG** | | | | \$0.00 |
| Total | | 0.00 | 0.00 | \$3,882.04 |

TAXES

| | Current | YTD * |
|---------------------------|-----------------|-------------------|
| Fed Withholding | \$0.00 | \$395.04 |
| Fed FICA - MHI | \$56.29 | \$608.93 |
| Fed OASDI/Dis | \$240.68 | \$2,603.69 |
| NJ Unempl EE | \$0.00 | \$98.69 |
| NJ NJ HCSF | \$0.00 | \$0.00 |
| NJ NJ WFDP | \$0.00 | \$6.45 |
| NJ NJ SWAF | \$0.00 | \$4.52 |
| NJ Withholding | \$38.43 | \$1,219.06 |
| NJ MMLIPAF-EE Withholding | \$0.00 | \$3.00 |
| Total | \$335.40 | \$4,939.38 |

BEFORE-TAX DEDUCTIONS

AFTER-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|--------------------|-----------------|-------------------|---------------|---------|--------|
| Before-Tax Savings | \$179.54 | \$2,919.71 | Total: | \$0.00 | \$0.00 |
| Total: | \$179.54 | \$2,919.71 | | | |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|----------------------------|-------------------|-------------|------------------|-------------|
| Current: \$3,882.04 | \$3,702.50 | \$335.40 | \$179.54 | \$3,367.10 |
| YTD: \$41,995.03 | \$39,075.32 | \$4,939.38 | \$2,919.71 | \$34,135.94 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|-------------------|
| Checking | Account ending in 4707 | \$3,367.10 |
| Total | | \$3,367.10 |



WACHOVIA

* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0014196 |
| Pay Begin Date: | 05/16/2006 | | |
| Pay End Date: | 05/31/2006 | Advice Date: | 05/31/2006 |

| | | |
|---|--|--|
| Robert Conrad 44 Longwood Drive Sicklerville, NJ 08081 SSN: XXX-XX-1807 | HR Emplid: 630720 Department: Cherry Hill CO/RC: CMC 0840175 Pay Rate: \$73,295.97 Annual | TAX DATA: Marital Status: Married Allowances: 10 Addl Pct: 0.0 Addl Amt: \$0.00 |
|---|--|--|

HOURS AND EARNINGS

| Description | Current | | YTD * | |
|----------------------------------|---------|-------------|-------------|--------------------|
| | Rate | Hours | Hours | Earnings |
| Regular Earnings | | | | \$916.20 |
| Zero Pay (Sick Time)† | | | | \$21,378.00 |
| Defpayout-Broker Vol. Plan PCG** | | | | \$0.00 |
| Commission A/Rate (UL1*)** | | | | \$0.00 |
| Total | | 0.00 | 0.00 | \$42,511.23 |

† Imputed Income: Imputed earnings value which is taxable, but not added to gross earnings.

TAXES

| | Current | YTD * |
|---------------------------|----------------|-------------------|
| Fed Withholding | \$0.00 | \$395.04 |
| Fed FICA - MHI | \$13.28 | \$522.21 |
| Fed OASDI/Dis | \$56.81 | \$2,560.50 |
| NJ Unempl EE | \$0.00 | \$98.69 |
| NJ NJ HCSF | \$0.00 | \$0.00 |
| NJ NJ WFDP | \$0.00 | \$6.45 |
| NJ NJ SWAF | \$0.00 | \$4.52 |
| NJ Withholding | \$6.67 | \$1,225.73 |
| NJ MMLIPAF-EE Withholding | \$0.00 | \$3.00 |
| Total | \$76.76 | \$5,016.14 |

BEFORE-TAX DEDUCTIONS

AFTER-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|--------------------|---------|------------|---------------|---------|--------|
| Before-Tax Savings | \$54.97 | \$2,974.68 | Total: | \$0.00 | \$0.00 |
| Total: | \$54.97 | \$2,974.68 | | | |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|--------------------------|-------------------|-------------|------------------|-------------|
| Current: \$916.20 | \$861.23 | \$76.76 | \$54.97 | \$784.47 |
| YTD: \$42,911.23 | \$39,936.55 | \$5,016.14 | \$2,974.68 | \$34,920.41 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|-----------------|
| Checking | Account ending in 4707 | \$784.47 |
| Total | | \$784.47 |



* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional SEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0015612 |
| Pay Begin Date: | 06/01/2006 | Advice Date: | 06/15/2006 |
| Pay End Date: | 06/15/2006 | | |

| | | | | |
|---|--|--|---|--|
| Robert Conrad 44 Longwood Drive Sicklerville, NJ 08081 SSN: XXX-XX-1807 | HR Emplid: 630720 Department: Cherry Hill CO/RC: CMC 0840175 Pay Rate: \$73,295.97 Annual | TAX DATA: Marital Status: Married Allowances: 10 Addl Pct: 0.0 Addl Amt: \$0.00 | Federal M- Joint 10 0.0 \$0.00 | NJ State M- Joint 10 0.0 \$0.00 |
|---|--|--|---|--|

HOURS AND EARNINGS

| Description | Current | | YTD * | |
|----------------------------------|---------|-------------|-------------|--------------------|
| | Rate | Hours | Hours | Earnings |
| Regular Earnings | | | | \$13,132.20 |
| Zero Pay (Sick Time) | | | | \$23,515.80 |
| Commission A/Rate (UL1*)** | | | | \$20,143.66 |
| Defpayout-Broker Vol. Plan PCG** | | | | \$16,584.97 |
| Total | | 0.00 | 0.00 | \$49,860.83 |

TAXES

| | Current | YTD * |
|---------------------------|-----------------|-------------------|
| Fed Withholding | \$0.00 | \$565.85 |
| Fed FICA - MHI | \$56.49 | \$722.98 |
| Fed OASDI/Dis | \$241.52 | \$3,091.37 |
| NJ Unempl EE | \$0.00 | \$98.69 |
| NJ NJ HCSF | \$0.00 | \$0.00 |
| NJ NJ WFDP | \$0.00 | \$6.45 |
| NJ NJ SWAF | \$0.00 | \$4.52 |
| NJ Withholding | \$38.69 | \$1,316.88 |
| NJ MMLIPAF-EE Withholding | \$0.00 | \$3.00 |
| Total | \$336.70 | \$5,809.74 |

BEFORE-TAX DEDUCTIONS

AFTER-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|--------------------|-----------------|-------------------|---------------|---------|--------|
| Before-Tax Savings | \$180.11 | \$3,154.79 | Total: | \$0.00 | \$0.00 |
| Total: | \$180.11 | \$3,154.79 | | | |

| TOTAL GROSS | | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|-------------|-------------|-------------------|-------------|------------------|-------------|
| Current: | \$3,895.60 | \$3,715.49 | \$336.70 | \$180.11 | \$3,378.79 |
| YTD: | \$49,860.83 | \$46,706.04 | \$5,809.74 | \$3,154.79 | \$40,896.30 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|-------------------|
| Checking | Account ending in 4707 | \$3,378.79 |
| Total | | \$3,378.79 |



WACHOVIA

* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

| | | | |
|-----------------|---------------------------|--------------|------------|
| PayGroup: | CMC Semimonthly Pay Group | Advice#: | 0014422 |
| Pay Begin Date: | 06/16/2006 | Advice Date: | 06/30/2006 |
| Pay End Date: | 06/30/2006 | | |

| | | | | |
|---|--|--|--|---|
| Robert Conrad 44 Longwood Drive Sicklerville, NJ 08081 SSN: XXX-XX-1807 | HR Emplid: 630720 Department: Cherry Hill CO/RC: CMC 0840175 Pay Rate: \$73,295.97 Annual | TAX DATA: Marital Status: Married Allowances: 10 Addl Pct: 0.0 Addl Amt: \$0.00 | Federal Married 10 0.0 \$0.00 | NJ State M-Joint 10 0.0 \$0.00 |
|---|--|--|--|---|

HOURS AND EARNINGS

| Description | Current | | YTD * | |
|----------------------------------|---------|-------------|-------------|--------------------|
| | Rate | Hours | Hours | Earnings |
| Regular Earnings | | | | \$13,132.20 |
| Defpayout-Broker Vol. Plan PCG** | | | | \$16,584.97 |
| Zero Pay (Sick Time) | | | | \$23,515.80 |
| Commission A/Rate (UL1*)** | | | | \$20,143.66 |
| Total | | 0.00 | 0.00 | \$49,860.83 |

TAXES

| | Current | YTD * |
|---------------------------|-----------------|-------------------|
| Fed Withholding | \$170.81 | \$565.85 |
| Fed FICA - MHI | \$44.28 | \$722.98 |
| Fed OASDI/Dis | \$189.35 | \$3,091.37 |
| NJ Unempl EE | \$0.00 | \$98.69 |
| NJ NJ HCSF | \$0.00 | \$0.00 |
| NJ NJ WFDP | \$0.00 | \$6.45 |
| NJ NJ SWAF | \$0.00 | \$4.52 |
| NJ Withholding | \$52.46 | \$1,316.88 |
| NJ MMLIPAF-EE Withholding | \$0.00 | \$3.00 |
| Total | \$456.90 | \$5,809.74 |

BEFORE-TAX DEDUCTIONS

AFTER-TAX DEDUCTIONS

| Description | Current | YTD * | Description | Current | YTD * |
|--------------------|---------------|-------------------|---------------|---------|--------|
| Before-Tax Savings | \$0.00 | \$3,154.79 | Total: | \$0.00 | \$0.00 |
| Total: | \$0.00 | \$3,154.79 | | | |

| TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|----------------------------|-------------------|-------------|------------------|-------------|
| Current: \$3,054.00 | \$3,054.00 | \$456.90 | \$0.00 | \$2,597.10 |
| YTD: \$49,860.83 | \$46,706.04 | \$5,809.74 | \$3,154.79 | \$40,896.30 |

NET PAY DISTRIBUTION

| | | |
|--------------|------------------------|-------------------|
| Checking | Account ending in 4707 | \$2,597.10 |
| Total | | \$2,597.10 |